

**STRATEGIC PLAN
TO
REDUCE ADOLESCENT AND YOUNG PEOPLE
BINGE DRINKING IN CALIFORNIA**

**ACTION PLANS
FOR
GOALS 1 THROUGH 5**

Prepared by

**The GPAC Strategic Plan
Implementation Workgroup**

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Table of Contents

Action Plans for Goal 1	
Reduce Public Binge Drinking Through Increasing Public Awareness and Decreasing Public Acceptance	3
Introduction	4
Objective 1.1: Promote awareness of binge drinking incidence/harm	5
Objective 1.2: Promote binge drinking prevention/intervention skills in communities/targeted settings	9
Objective 1.3: At all levels, promote public/private changes in policy and practice that reduce institutionalized opportunity for binge drinking	13
 Action Plans for Goal 2	
Implementing Collaborations Across Systems	15
Introduction	16
Objective 2.1: Identify/promote opportunities for strategic collaboration relevant to binge drinking	17
Objective 2.2: Strengthen infrastructure capacity to facilitate/support collaborative action	19
Objective 2.3: Promote knowledge/skills for effective collaboration	22
Objective 2.4: Develop/modify policy to reduce impediments and increase incentives for collaboration	24
Objective 2.5: Facilitate specific network/planning activities to promote collaboration relevant to binge drinking	26
 Action Plans for Goal 3	
Reduce Availability of Alcohol to Underage Youth	29
Introduction	30
Objective 3.1: Increase knowledge/skills concerning strategies for reduction of alcohol availability for youth	31
Objective 3.2: Promote public/private initiatives to reduce alcohol availability to youth	36
Objective 3.3: Promote strengthened enforcement of existing penalties for providing alcohol to youth	39
 Action Plans for Goal 4	
Increase perception among adolescents and young adults that binge Drinking is harmful and unacceptable	41
Introduction	42
Objective 4.1: Increase awareness/knowledge of consequences of underage binge drinking/alcohol use	43
Objective 4.2: Encourage peer programs to more effectively change youth and young adult perceptions of acceptability of binge drinking/alcohol use	50
Objective 4.3: Target high risk adolescent and young adult environments for intensive awareness/education interventions	53
 Action Plans for Goal 5	
Identify and Promote Evidence-Based Practices in Addressing Binge Drinking	55
Introduction	56
Objective 5.1: Develop and disseminate information concerning Evidence-based practices for effective binge drinking Interventions	57
Objective 5.2: Identify and disseminate information concerning Funding/resources for evidence-based practice	63
Objective 5.3: Strengthen capacity to collect and analyze information Concerning binge drinking and intervention effectiveness In California	66

**ACTION PLANS
FOR GOAL 1**

**REDUCE BINGE DRINKING THROUGH INCREASING
PUBLIC AWARENESS
AND DECREASING PUBLIC ACCEPTANCE**

Prepared by

**The GPAC Strategic Plan
Implementation Workgroup**

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INTRODUCTION

Binge drinking in California involves nearly 1.3 million* youth and young adults between the ages of 12-25. While some populations are more at risk than others (i.e., college students) all youth in this age range report unacceptable levels of binge drinking. Nearly 3% of seventh graders, 13% of ninth graders, and 26.9% of eleventh graders reported binge drinking in the prior 30 days on the most recent California Healthy Kids Survey (CHKS). Binge drinking has its highest incidence among young adults, where it is associated with social activities, and is particularly prevalent in high risk contexts such as residential colleges. Among older adults, binge drinking is a pattern of problem alcohol consumption related to health, productivity and family failure. At all ages, there is strong evidence linking binge drinking to violent behaviors, vehicle collisions, vandalism and risky sexual behavior, as well as sexual assaults, including rape. Clearly, significant personal, social and economic costs are associated with this pattern of alcohol consumption. Nevertheless, many continue to view binge drinking as a “rite of passage” experience for adolescents and young adults, and a variety of institutions provide opportunity for excessive drinking behaviors. The recent Institute of Medicine Report on Underage Drinking highlights the fact that parents tend to “dramatically underestimate underage drinking in general, and their own children’s drinking in particular”. Change cannot occur until individuals are fully aware of the extent and consequences of adolescent drinking behaviors, particularly the high reported levels of binge drinking in the target population. Increased public awareness concerning this drinking behavior and its attendant social and economic needs to be actively promoted to reduce public acceptance. Awareness and changes in public perception will be an important impetus to changes in public and private policies and norms related to binge drinking. This cultural shift is an essential step in ameliorating this public health and safety problem.

There were three objectives and nine strategies identified by the GPAC work group for Goal 1. The following action plan identifies the specific activities required to successfully implement the strategies. Unlike some of the other goals and objectives in the plan, a number of these ideas will require significant resources.

Objective 1.1: Promote awareness of binge drinking incidence/harm.

STRATEGY 1.1: Develop a statewide media campaign concerning binge drinking and its related problems.

ACTION PLAN: A media campaign to raise awareness of binge drinking among the general public will be developed and implemented. This campaign will be broad in scope, combining information on prevalence, the problems associated with binge drinking, and how these problems might be ameliorated. Since media efforts are costly, coalitions of state agencies should be involved, and/or federal or foundation grants could be sought to fund the campaign.

POTENTIAL COLLABORATORS: While there may be interest in collaboration from many GPAC agency members, it is not clear that collaborators would have access to the significant resources that will be required to do this.

COSTS: Of all the strategies proposed by the GPAC Strategic Planning workgroup, development of a state level media campaign is potentially the most costly.

BARRIERS: There are substantial barriers to implementing this strategy. Cost is the most important. Getting funding would require a substantial effort, and would not be assured of success (see below). Neither is it clear that this campaign would fall clearly in the jurisdiction of any GPAC participant or other state agency.

IMPLEMENTATION WORK PLAN: There are many alternatives to the focus, scope, content and frequency of a media campaign. No implementation plan can be developed until alternative strategies have been specified, costs have been estimated, and an agency to oversee the process is identified.

ONGOING/ ONE TIME: As noted below, the impact of one time campaigns is probably ephemeral, and long term campaigns are extremely costly. Decisions concerning frequency for running a media campaign are dependent on development of alternatives, implementation plans and cost estimates.

ANTICIPATED OUTCOMES: Studies of other statewide and public campaigns (e.g. Montana) have demonstrated the importance of keeping the message in front of the public. Stopping the media campaign often resulted in reversion of the behavior to pre-campaign levels (i.e. drinking and driving). Those campaigns that have demonstrated impacts generally address widespread health issues or behaviors that are clearly related to widespread community norms (e.g., heart disease and diet / lifestyle). Binge drinking does not clearly have these attributes, and the effectiveness of general population media campaigns is questionable as a strategy for impacting marginal (small population) behaviors.

EVALUABILITY: Outcome evaluation of media campaigns is expensive (requiring general population surveys) and determinate studies are difficult to design and implement. Control group designs are not feasible, and attributing any observed change to the campaign is highly problematic.

Objective 1.1: Promote awareness of binge drinking incidence/ harm.

STRATEGY 1.1.2: Collate, synthesize and disseminate existing data on binge drinking prevalence, associated problems and potential solutions.

ACTION PLAN: Under the auspices of one of the GPAC member agencies, a web-based information dissemination strategy focused on binge drinking, as well as prevention strategies, will be established. Data and materials will be collected, collated and synthesized through the Department of Alcohol and Drug Programs (ADP) or other agency technical assistance contractors. A dedicated website or a map location on an existing site is the recommended core of web-based dissemination. This could be augmented with other IT mechanisms such as a List Serve, Share Point, or other media.

POTENTIAL COLLABORATORS: All GPAC member agencies will participate in the identification of relevant information.

COSTS: Minimal new costs if existing statewide TA and Training contractor resources are used (e.g. ADP's CPI), and an agency is willing to facilitate and support the web development.

BARRIERS: There are no significant barriers to implementing this strategy. Agreements concerning the medium to store and disseminate the information, and agency responsibility need to be made.

IMPLEMENTATION WORK PLAN:

1. Determine criteria for information to be considered for inclusion.
2. Identify target audiences, how the information will benefit/ be useful to them
3. Determine most appropriate medium for storing and disseminating the information given the target audiences.
4. Identify the information collection, collation, synthesis process and who has responsibility for it.
5. Develop the dissemination structure.
6. Monitor, evaluate and maintain.

ONGOING/ ONE TIME: Ongoing.

ANTICIPATED OUTCOMES: This strategy is one of a number of strategies in this goal, and in Goal 2 and Goal 5, that are designed to move information to potential users. The anticipated outcomes will be a) to stimulate awareness in selected relevant audiences (e.g., decision makers, agencies, providers who may have an interest in/ impact on binge drinking), and b) to provide information of use to those who take action in regard to binge drinking.

EVALUABILITY: Tracking hits, downloads and requests will be built into the dissemination site. Web-based survey requests can document satisfaction and perceived utility.

Objective 1.1: Promote awareness of binge drinking incidence/harm.

STRATEGY 1.1.3: Establish meeting schedule of state agency public information officers to review binge drinking awareness materials and dissemination plans.

ACTION PLAN: Press kits including informational fact sheets on binge drinking and its related problems will be prepared and distributed to public information officers in GPAC agencies. Through periodic, scheduled meetings, public information staff can meet to discuss innovative ways to disseminate binge drinking information. Coordination of agency initiatives by content and target population will optimize capacity to reach relevant consumers. Preparation of written materials can be coordinated by ADP's state TA and Training contractor, CPI.

POTENTIAL COLLABORATORS: All GPAC member agencies.

COSTS: Minimal new costs. Preparation time for developing the informational packets is consistent with CPI task responsibilities, and will complement materials development that is part of other strategies identified in this plan. Some personnel time for state level coordination efforts would be necessary.

BARRIERS: None.

IMPLEMENTATION WORK PLAN:

1. Identify agency public information representatives.
2. Determine current procedures for information documentation.
3. Develop a set of binge drinking press releases, fact sheets and materials for agency distribution.
4. Develop up agency-specific distribution plan.
5. Coordinate and facilitate regular meetings of agency public information officers or staff.

ONGOING/ ONE TIME: Ongoing.

ANTICIPATED OUTCOMES: This is another piece of the strategic plan's coordinated activities designed to increase awareness and information about binge drinking in relevant institutional and professional audiences, and in the general public. This approach would have a particular focus on increasing the information flow to relevant institutional constituents of the participating agencies, and to the news media. In turn, news releases would contribute to the mobilization of public concern and action.

EVALUABILITY: Each agency will be expected to track the dissemination of information packets. Brief consumer feedback forms can be included in the packets. An important source of outcome data can be generated by contracting with a clipping service to document coverage in media across the state.

Objective 1.1: Promote awareness of binge drinking incidence/harm.

STRATEGY 1.1.4: Provide information on progress of the Binge Drinking Plan to stakeholders, seek their input and assistance.

ACTION PLAN:	One agency or GPAC workgroup will assume responsibility for tracking and documenting the overall implementation of the Strategic Plan. ADP, possibly through CPI, is a logical location. This information will be maintained and updated on the dedicated binge drinking website recommended above. A monitoring process will be established that involves multiple agencies responsible for different components of the plan. Evaluation data from different components will be included. Involvement in creating these monitoring data, and the public availability of the data will strengthen accountability in implementation of the plan.
POTENTIAL COLLABORATORS:	All GPAC agency members.
COSTS:	Minimal cost if this function is adopted by an existing agency or agency contractor (e.g., ADP's CPI).
BARRIERS:	The biggest barrier will be consistency in compliance. The public visibility of the information will be a strong incentive to comply.
IMPLEMENTATION WORK PLAN:	<ol style="list-style-type: none">1. Determine agency responsibility, e.g., GPAC workgroup or an agency.2. Develop process, periodic meetings of the workgroups to review progress and make decisions3. Develop and implement update process (e.g., reporting process, updating responsibilities and frequency, methods of dissemination, accountability decision process).4. Implement process and report progress.
ONGOING/ ONE TIME:	Ongoing
ANTICIPATED OUTCOMES:	The major outcome will be increased fidelity of activities to the strategic plan. This in turn will strengthen state and local capacity to positively impact binge drinking.
EVALUABILITY:	The workgroups progress reports on the overall implementation of the Strategic Plan will provide continuing information on how well implementation is proceeding. To the extent that outcome information is incorporated into reporting it will provide information on outcome effectiveness through outcome evaluation specifically tailored to specific components of the action plan.

Objective 1.2: Promote binge drinking prevention/intervention skills in communities/targeted settings.

STRATEGY 1.2.1: Develop/provide regional training/TA opportunities on the social, physical and economic impact of binge drinking and potential intervention strategies.

ACTION PLAN: Utilizing existing TA and Training contracts, training materials and TA capability will be developed. Existing materials will be used or adapted to the extent possible, but the limited amount of available material will require some development of new material. These materials will be made available through ensuring that binge drinking is included in comprehensive training opportunities and that focused sessions and TA days are provided through existing resources. The focus will be on effective strategies to reduce binge drinking at the community level.

POTENTIAL COLLABORATORS: This activity will require dedicated staff attention from (a) training and TA contractor(s). GPAC agencies with this capability could collaborate.

COSTS: Minimal new costs if the binge drinking focus can be incorporated into existing training and TA contracts..

BARRIERS: No significant barriers if a policy decision is made to make binge drinking a priority on the training and TA agenda for select agencies.

IMPLEMENTATION WORK PLAN: This strategy sets a commitment to providing capacity to implement more focused strategies within other goals. Specifically, see Objective 5.1 and its associated strategies, particularly strategy 5.1.4. Specific steps will include:

1. Identifying training and TA resources (e.g. contractors such as CPI) that will be authorized to deliver training/TA on binge drinking as part of ongoing services.
2. Identify relevant existing training and TA materials (The GPAC workgroup has already initiated this process through gathering background materials.)
3. Modify existing materials and create new materials as necessary.
4. Deliver training and TA.
5. Monitor, evaluate and incorporate into feedback system.

**ONGOING/
ONE TIME:** Ongoing.

ANTICIPATED OUTCOMES: The immediate outcome of this strategy will be delivery of relevant, high quality and useful training and TA concerning strategies to reduce binge drinking. The longer term outcome will be increased capacity to deliver effective, evidence-based services in California communities.

EVALUABILITY: Evaluation can take place through existing training and TA provider accountability systems. Longer term assessment of usefulness and application of training and TA should be included (e.g., increases in evidence-based interventions to reduce binge drinking).

Objective 1.2: Promote binge drinking prevention/intervention skills in communities/targeted settings.

STRATEGY 1.2.2 Facilitate participation of community members as spokespersons to improve outreach and message credibility (e.g., insurance industry, faith community).

ACTION PLAN: Involve community stakeholders in increasing public awareness concerning the binge drinking problem, advocating for action, and leading community initiatives. This will require outreach to initiate involvement, dissemination of materials on binge drinking that they can use in their advocacy, and support through opportunities for involvement.

POTENTIAL COLLABORATORS: All GPAC agencies and local constituents throughout the state.

COSTS: New costs should be minimal. This is largely an effort to put a particular set of stakeholders on the list of target populations for outreach, information, and collaboration. Materials and opportunities for involvement are created through other goals and strategies. Stakeholder involvement will be volunteered.

BARRIERS: The principle barrier will be the identification of appropriate and willing stakeholders to serve as spokespersons. One potential source is the 13 SIG funded counties. Each of these grants involves the development of community partnerships. Designated GPAC agency(ies) and ADP staff can work with SIG grantees to identify potential community spokespersons.

IMPLEMENTATION WORK PLAN:

1. Identify responsibility for leading this outreach.
2. Identify potential sources of volunteers (e.g., use the SIG grantees as potential source for community spokespersons).
3. Through CPI, maintain close contact with the SIG grantees and other potential collaborators to identify spokespersons.
4. Develop resource listing of potential spokespersons
5. Include spokespersons in binge drinking training and TA activities, and other collaborative efforts.
6. Develop plans to support them in their community activities.

ONGOING/ ONE TIME: Ongoing.

ANTICIPATED OUTCOMES: The expansion of any social movement is dependent on building a base of support. This strategy is an important contribution to this base by mobilizing and empowering local leadership. The short term outcome is creating a leadership resource that is active in the community. The longer term outcome is stronger community coalitions and strategies.

EVALUABILITY: Achievement of the intent to develop local spokespersons can be monitored through tracking development of a resource directory of potential spokespersons. Their activities can be documented through a log of presentations, committee memberships and other activities of these spokespersons. A self-report web-based questionnaire automatically distributed through a spokesperson list serve could be the medium.

Objective 1.2: Promote binge drinking prevention/intervention skills in communities/targeted settings.

STRATEGY 1.2.3: Encourage the formation and/or use of local collaborations to focus on reducing the incidence of binge drinking.

ACTION PLAN:	California's prevention plan emphasizes a community mobilization strategy that centers on encouraging and facilitating local activism and involvement. This strategy is in the tradition of community activism that emphasizes voluntary cooperation, self help and involvement of residents. This largely "bottoms up" approach offers potential for broadening the base of support on binge drinking initiatives throughout California communities.
POTENTIAL COLLABORATORS:	As an outreach effort, this strategy should involve a broad range of state and local collaborators.
COSTS:	The on-budget costs for community mobilization efforts can vary greatly from almost no costs to having community groups supported through federal initiatives allocating a third of a million or more per year. New costs to the state should not be large, largely involving emphasizing binge drinking within the use of existing resources.
BARRIERS:	Community coalitions and community organizing face many barriers. An initial barrier is leadership, and training, TA and the community spokesperson strategies should all be implemented with an orientation to building a strong leadership core for local collaboration. Other barriers include getting stuck in the decision making process; losing energy because of a lack of clear direction; a lack of resources, including staff (or volunteer) time; and a need for visible results. All of these need to be incorporated into training and TA support. Where coalitions already exist, efforts should focus on getting binge drinking on their agenda rather than creating new community coalitions.
IMPLEMENTATION WORK PLAN:	<p>This strategy provides a context for addressing related and more specific strategies. In particular Strategic Goal 2, specifically Objective 2.1; "Identify/promote opportunities for strategic collaborators relevant to binge drinking" is related to community collaboration.</p> <ol style="list-style-type: none">1. The first step is to mobilize interest and action in existing coalitions through disseminating information to them, and involving them in training and TA opportunities.2. TA and training should also include support of efforts to mobilize new community collaboration efforts where existing capacity is low.
ONGOING/ ONE TIME:	Ongoing
ANTICIPATED OUTCOMES:	In the short term this strategy would be expected to a) put binge drinking on the agenda of existing local coalitions, and b) establish new collaborative efforts where necessary. In the longer term it should increase community activities, programs and policies to reduce binge drinking.

EVALUABILITY:

Evaluation of this component is challenging because activities are decentralized. Local coalition members or organizations participating in training and TA opportunities can be identified and documented. A self-accessed component of the binge drinking web-site can be considered as a low-cost mechanism for documenting local coalition activities. A controlled study in this area would require significant resources.

Objective 1.3: At all levels, promote public/private changes in policy and practice that reduce institutionalized opportunity for binge drinking.

STRATEGY 1.3.1: Develop and disseminate information on social environments and events that are associated with a high incidence and prevalence of binge drinking.

ACTION PLAN: A GPAC workgroup or member agency, through agency contractors, should identify, synthesize and disseminate information on those social environments and events (e.g., “happy hour” policies) that are associated with higher levels of binge drinking. Awareness of problem contexts is a first step in mobilizing the will to make changes in policy and practice. Relevant TA and training resources can be included in this dissemination (e.g., RBS trainings).

POTENTIAL COLLABORATORS: GPAC agencies that actively provide training and TA to relevant audiences.

COSTS: Minimal or no new resources required if these issues are incorporated and emphasized in current contractor activities.

BARRIERS: No significant barriers to the information strategy.

IMPLEMENTATION WORK PLAN: Implementation of specific activities in this strategy area is discussed in greater detail in Strategic Goal 5 Overall steps include:

1. Identifying the current resources for training and TA in this area. They are relatively extensive.
2. Disseminate to the California prevention community in ways that emphasize resources relevant to binge drinking – e.g., web-site identification of resources to ameliorate social environments conducive to binge drinking.

ONGOING/ ONE TIME: Ongoing

ANTICIPATED OUTCOMES: The immediate outcome will be increased access to and utilization of training, TA and informational materials concerning the relation of social, commercial and public settings to binge drinking and strategies/interventions for reducing enabling environments. The longer term outcomes will be the implementation of strategies and actual reduction of those environments.

EVALUABILITY: The initial outcomes can be evaluated through analysis of the information, TA and training monitoring identified for other strategies. The implementation of these strategies might be partially documented through fiscal and monitoring reports to ADP, for example. Actual reductions in supportive activities in the environment would require focused, and resource-consuming, studies of local initiatives. Given the current trend to environmental strategies, and the potential sunk cost in this strategy, these evaluation activities should be considered as a potential research priority for ADP or other agencies involved in GPAC.

Objective 1.3: At all levels, promote public/private changes in policy and practice that reduce institutionalized opportunity for binge drinking.

STRATEGY 1.3.2: Identify, categorize and disseminate information on model policies and practices relevant to those environments and events that provide greater opportunity for binge drinking.

ACTION PLAN: A GPAC workgroup or member agency, through agency contractors, and California organizations involved with alcohol issues (e.g., Marin Institute, Cal Council, Prevention Research Group, Alcohol Research Group, and others) will identify and disseminate evidence-based policies, programs and practices that will reduce the opportunity for binge drinking related to high-risk environments and events.

POTENTIAL COLLABORATORS: GPAC agencies that fund or facilitate local prevention efforts, and the above research and professional groups.

COSTS: As part of the ongoing model and evidence-based program identification and dissemination activities of relevant agencies and training and TA providers (e.g., ADP's CPI), there would be no new costs.

BARRIERS: The barriers are general and contextual. The collaborators would have to come to agreement on adequate threshold definitions of "evidence-based" and the adequacy of program documentation and guide lines.

IMPLEMENTATION WORK PLAN: Again, at the awareness and promotion stage this strategy provides a general framework for more specific strategies detailed primarily in Goal 5. Action steps include:

1. Creation of an advisory group to develop criteria and identify existing evidence-based policies, programs and practices.
2. Collect and assess candidate policies, programs and practices.
3. Identify qualifying policies, programs and practices, and make them available for dissemination, training and TA.

ONGOING/ ONE TIME: Ongoing.

ANTICIPATED OUTCOMES: The immediate outcome will be the increase of access and participation in information, training and TA concerning evidence-based practices. Longer term outcomes will be improved capacity to select and implement evidence-based practices, and the increased use of evidence-based practices concerning binge drinking.

EVALUABILITY: Planned monitoring procedures will document access and participation. Reports to ADP, the California Dept. of Education or other relevant agencies could possibly provide information on implementation. The latter would require moderate resources, and might be incorporated into a more generalized process of gaining binge drinking outcome information from relevant agencies.

**ACTION PLANS
FOR GOAL 2**

**IMPLEMENTING COLLABORATIONS
ACROSS SYSTEMS**

Prepared by

**The GPAC Strategic Plan
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INTRODUCTION

This document specifies implementation strategies for achieving the objectives of Goal 2 of the Strategic Plan to Reduce Adolescent and Young Adult Binge Drinking in California. Goal 2 focuses on encouraging and facilitating local and state-level collaborations to plan, promote and implement action to reduce binge drinking in communities across the state. This goal is central to building the capacity of the California prevention system to reduce levels of binge drinking among the state's young people.

Engaging community members on alcohol and other drug (AOD) issues through participation in community collaborations has been a prominent prevention strategy for the past two decades. Community coalitions and partnerships typically involve a broad range of community members and organizations. They differ in the degree of formality of organizations and operation, but they commonly bring a diversity of perspectives and resources to alcohol and drug initiatives. The breadth of interventions used by these coalitions has been profound, ranging from broad strategies aimed at the entire community (e.g. media advocacy) to direct services involving high risk populations. As the recent Institute of Medicine report on underage drinking suggests, community-based prevention research points to the importance of broad based efforts to “reshape the physical, social, economic and legal environments affecting alcohol use.” While empirical research is limited, there is some promising evidence that community coalitions can be effective in managing youth access to alcohol, which in turn minimizes risk behaviors associated with excessive consumption. Involving the local community is an important emphasis in the overall Strategic Plan to Reduce Binge Drinking and is the focus of Goal 2.

There are five broad objectives in this goal area. Ten more specific strategies are presented within these objectives. Some of these specific strategies can be implemented relatively quickly and with minimal new resources. For each specific strategy, this action plan identifies a) an action plan, b) potential collaborators, c) costs, d) barriers, e) a brief implementation work plan, f) the need for ongoing or one time implementation effort, g) potential outcomes, and h) an evaluability assessment. This document also identifies specific infrastructure development activities that will be necessary to success in achieving Goal 2 objectives. This action plan identifies the basic organization, resources and actions necessary to implement each strategy. To bring this plan to fruition will require the commitment and persistence of the GPAC working committee, and the of each of the collaborating GPAC agencies.

Objective 2.1: Identify/promote opportunities for strategic collaboration relevant to binge drinking.

STRATEGY 2.1.1: GPAC members can organize and facilitate affiliates/ advisory groups that can be used for community and organizational outreach.

ACTION PLAN: Each GPAC state level agency is involved in their own network planning and advisory groups. These affiliated organizations provide an excellent opportunity to expand the web of concerned, informed and motivated individuals and organizations. Involving additional stakeholders in the overall planning and implementation process increases the likelihood of having an impact. The first step in this process is to request that each GPAC agency provide a 'list' of potential agencies, organizations and individuals that should participate in coalition level planning efforts. Specifically, the list should contain contact persons, agency names, contact information and potential resources and specific skills the agency might provide to help reduce binge drinking. CPI staff and contractors can facilitate this process with training and TA, and with interactions with their local constituents.

COSTS: This work is within the scope of ADP Training and TA contractor (CPI) that provide(s) assistance to GPAC.

IMPLEMENTATION WORK PLAN:

1. Develop a form to capture information for the list (CPI).
2. Present the form at the GPAC meeting.
3. Request the completed forms be returned to ADP.
4. Prepare a 'collaborative' resource directory.
5. Disseminate the directory to relevant agencies, and incorporate it into TA to local communities.

ONGOING/ ONE TIME: Updates will be made as new names become known. A more formal once a year update can be institutionalized.

ANTICIPATED OUTCOME: Developing a directory of potential collaborators and their resources provides an important information resource for organizations working at the community level to reduce Binge Drinking. The direct intended outcome is stronger, more comprehensive, and more uniform local collaborations across the state.

EVALUABILITY: Use of the resource directory can be monitored. Participation of list agencies in local coalitions can be documented through a web feedback form or possibly from reports to state agencies. Follow up to organizations accessing the document and their outcomes can be documented through follow-up surveys.

Objective 2.1: Identify/promote opportunities for strategic collaboration relevant to binge drinking.

STRATEGY 2.1.2: Identify systems, priorities, resources and interests that will make collaboration most feasible.

ACTION PLAN: California's emphasis on community collaboration and community-based strategies makes it important to identify opportunities for cross system collaboration in the California prevention system. This focus on opportunities differs from a search for evidence-based practice. It focuses on the priorities, resources and opportunities that are manifest in the California system at this point in time. Identifying these opportunities will require an interactive discovery process involving relevant agencies and persons who have a history of their experience with collaboration. . All GPAC agencies are experienced in supporting various community based collaborations. Organizing a process for identifying experience and opportunities (e.g., success stories, areas of priority in which collaboration would contribute) would produce strategies and action items grounded in the current reality of California prevention

POTENTIAL

COLLABORATORS: All GPAC agencies should be partners in identifying opportunities facilitating the development of successful collaborations.

COSTS: There should be minimal costs associated with the process of identifying factors supportive of collaborations. This could be part of agency training and TA activities.

BARRIERS: This is a fact gathering process so adequate capacity to record, synthesize and disseminate the results are important.

**IMPLEMENTATION
WORK PLAN:**

There are several steps associated with implementing this strategy.

1. Convene a GPAC member workgroup to focus on successful collaborative procedures.
2. Specify a framework to identify systems, resources and practices that facilitate the development of successful collaborations.
3. Convene a one-day working session across agencies to identify relevant experience and opportunities.
4. Determine what TA /Training products can be developed using these materials, and specific important opportunities to initiate collaborative activities.

**ONGOING/
ONE TIME:**

Ongoing

**ANTICIPATED
OUTCOMES:**

1. List of primary resources, experience and opportunities that make collaborations more feasible in California's prevention system..
2. TA and training support based on these experiences and opportunities.
3. Increased instances of cross-system collaboration.

EVALUABILITY:

1. Track progress in developing resources
2. Document extent of social marketing and utilization of the guidelines developed by the workgroup.

Objective 2.2: Strengthen infrastructure capacity to facilitate/support collaborative action.

STRATEGY 2.2.1: Identify/share communication strategies (web links, conferences, published articles, evaluation reports) among systems.

ACTION PLAN: All GPAC members are involved, at some level, with the consequences of binge drinking. Systematically sharing information across disciplines and fields will broaden awareness of individual agency activities and offers potential for collaborative partnering. ADP technical assistance and training contractors could be used as clearinghouses for receipt, synthesis and dissemination of this information. The creation of locations and/or dedicated communications mediums (e.g., web-sites, list serves, resource centers) focusing on binge drinking and closely related topics will be a general resource of central value to the entire strategic plan. This will provide a destination point for materials, lessons, and a variety of input from GPAC agencies and other relevant stakeholders.

POTENTIAL COLLABORATORS: All GPAC agencies should be partners in identifying information potentially helpful in supporting information input into the binge drinking communication network. ADP contractors, particularly CPI could help facilitate and support the process.

COSTS: Minimal, the work of collating information falls within the scope of ADPs current state TA contractor, CPI. *(Note: This effort parallels work to be done under Goal 5 Objective 5.1.2).*

BARRIERS: There are no serious barriers. This process could be part of a web page (or Share Point) enabling agencies to post binge drinking relevant information.

IMPLEMENTATION WORKPLAN:

This strategy requires at least the following activities::

1. Develop the system of communication resources (e.g., dedicated website, Share Point, List Serve, or other internet based approach) to store and display relevant information.
2. Establish procedures to routinely update and populate 'network' with new information.

**ONGOING/
ONE TIME:**

Ongoing.

ANTICIPATED OUTCOMES:

The strategy is intended to produce a set of phased outcomes:

1. Establish communications system storing, disseminating and allowing access to information on Binge Drinking
2. Improve availability, access and use of information on binge drinking.

EVALUABILITY:

Evaluation will include monitoring of input and output from the communications system. Web-based follow up surveys can generate information on the usefulness and application of materials accessed or distributed through the system.

Objective 2.2: Strengthen infrastructure capacity to facilitate/support collaborative action.

STRATEGY 2.2.2: Develop specific mechanisms for the public educational systems (K-12, CCC,CSU,UC) to share resources, programs and strategies to prevent or reduce binge drinking.

ACTION PLAN: The GPAC workgroup on binge drinking has conducted research and identified interventions relevant to adolescent binge drinking, and to college age binge drinking. The TA and training materials development and evidence-based program development that will be undertaken in other strategies will add to this fund of knowledge and practice. Developing an infrastructure for disseminating this information to secondary and post-secondary schools, where binge drinking is a serious problem, must be a central component of an effective statewide strategy to reduce binge drinking by youth. A concerted effort should be undertaken to ensure the education system has ready access to information concerning effective strategies and approaches relevant to binge drinking. Stimulating communication and collaboration among educational institutions on the topic will also be important.

POTENTIAL COLLABORATORS: Representatives from all of California's educational system components (K-12, CCC, CSU, UC and private colleges).

COSTS: Unknown. Much of the cost of developing resources is covered in other components of the strategic plan, but additional costs depend on the extensiveness of the mechanisms for sharing resources and information within the school systems.. This could be relatively modest if it's a website as described in previous strategy 2.2.1, or more expensive if written materials (e.g. toolkits) are developed and disseminated for specific purposes within the educational system.

BARRIERS: Gaining interest and participation within the education community could be a major barrier. The process of information sharing could be kept at a manageable level (e.g. website) before expanding to procedures with more associated costs (e.g. on-site trainings, etc).

IMPLEMENTATION WORKPLAN:

1. Convene workgroup consisting of representatives from the state's educational system.
2. Determine cost effective mechanism to store and disseminate information, and to facilitate communications among educational institutions on binge drinking.
3. Determine types of informational resources most useful to the educational field.
4. Determine who could/should be involved in the development of the materials.
5. Produce and disseminate.
6. Support ongoing collaboration and communication by educational institutions

**ONGOING/
ONE TIME:** Ongoing.

**ANTICIPATED
OUTCOME:**

This strategy promotes improved capacity to intervene with binge drinking in educational settings through phased outcomes.

1. Improved availability of information relevant to binge drinking in high school and post-secondary education settings and how to intervene.
2. Greater access and use of information on binge drinking by educators
3. Improved communications among educators concerning binge drinking and ways to reduce it in educational institutions.

EVALUABILITY:

Web-based feedback can monitor the participation of educators in the communications system, access to materials, and the usefulness and application of those materials in schools.

Objective 2.3: Promote knowledge/skills for effective collaboration.

STRATEGY 2.3.1: Establish appropriate workgroup to examine best practices/science-based partnering.

ACTION PLAN: There is a growing body of evidence-based literature concerning the settings, skills and organizational practices that contribute to successful collaboration under specific circumstances. Collaboration will be included in workgroup and contractor activities designed to identify, synthesize and disseminate evidence-based practices relevant to binge drinking. It is important that workgroup and contractor efforts include screening of the collaboration literature according to settings, populations and strategies most relevant to binge drinking. Experience and research has shown that coalitions vary widely in success, and maximizing the utility of this potentially valuable resource requires guidance and assistance.

The work proposed to accomplish this strategy is presented in Goal 5, specifically strategy 5.1.1, "Define the principles of evidence base prevention for binge drinking programs, approaches and strategies" and 5.1.2 "Identify promising concepts, programs and practices and disseminate them to the field".

The work is also very similar to Goal 2, Objective 2.1, Strategy: "Identify systems, priorities, resources and interests that make collaborators most feasible".

POTENTIAL COLLABORATORS: This work will center in GPAC workgroups in which all GPAC members may collaborate and in select agency training and TA capacity.

COSTS Costs are largely incorporated into other strategies and objectives within the strategic plan.

BARRIERS: There are no substantial barriers to implementing this strategy.

IMPLEMENTATION WORK PLAN: The major implementation requirements are to ensure that relevant collaborative skills, practices and knowledge are incorporated into the evidence-based practices searches, synthesis, training and TA development, and dissemination and service delivery identified throughout the action plans for each strategic plan goal.

ANTICIPATED OUTCOMES: The anticipated outcomes are

1. Greater availability of evidence-based information on collaboration specifically relevant to binge drinking interventions.
2. Increased use of appropriate skills and strategies for relevant collaboration.

EVALUABILITY: Evaluation activities are incorporated into other strategies involving identification and use of evidence-based practices.

Objective 2.3: Promote knowledge/skills for effective collaboration.

STRATEGY 2.3.2: Develop TA training materials to promote collaborations at state and local levels.

ACTION PLAN:	ADP currently supports two TA /Training contractors to provide community coalition support. The Community Prevention Institute (CPI) is specifically charged with supporting the 13 SIG grantees responsible for developing community planning efforts to reduce binge drinking. Products developed under this TA assignment have broad potential for other communities interested in developing programs for binge drinking issues. Materials will be developed through current activities. The major issue to be addressed through this strategy is how to ensure awareness and access to these materials among potential consumers.
POTENTIAL COLLABORATORS:	ADP's TA/Training contractors have responsibility for developing TA and Training materials, and under this strategic plan this responsibility will include materials that will be useful to collaborators addressing binge drinking.
COSTS:	No new costs. The work falls under the scope of work of ADP's current TA and Training contractor.
BARRIERS:	A potential significant issue is ensuring the delivery of this information to communities interested in getting knowledge. The ADP contractors can be the source for delivery of this information, as long as these contracts are in place.
IMPLEMENTATION WORK PLAN:	<ol style="list-style-type: none">1. Develop a list of useful TA and Training resources for community coalitions interested in the Binge Drinking issue.2. Develop materials and mechanism for marketing training, TA and materials availability to local coalitions.3. Deliver materials and services in locations and mechanisms that meet the needs of local coalitions
ONGOING/ ONE TIME:	Ongoing
ANTICIPATED OUTCOMES:	Broader exposure to materials supporting community coalition efforts.
EVALUABILITY:	Local coalition access to materials, participation in services and use of materials and services will be tracked through the evaluation systems in place for these TA and training.

Objective 2.4: Develop/modify policy to reduce impediments and increase incentives for collaboration.

STRATEGY 2.4.1: Give flexibility in use of funds for collaborative work.

ACTION PLAN: GPAC agencies need to consider how current funding procedures can be modified to promote the development of binge drinking collaborations. Blended and flexible funding procedures could help promote successful collaboration by increasing resources to local collaborative efforts by blending funding to different agency constituencies to be involved in a focused binge drinking project. .

POTENTIAL COLLABORATIONS: GPAC and other state/local agencies involved in funding alcohol initiatives.

COSTS: This is a change in funding procedures, no new funding required.

BARRIERS: There are many different barriers to changing funding procedure. Agencies have set priorities and funding guidelines, some federally mandated, that precludes rebalancing or redirecting funding allocations.

IMPLEMENTATION WORKPLAN: This objective strategy area can only be addressed by the GPAC members. Potentially, a workgroup composed of GPAC members could be convened to examine the issue of reallocating resources to focus on binge drinking in a more concentrated manner.

ONGOING/ ONE TIME: The GPAC workgroup on this issue would initiate an on-going examination of funding allocations and their results (outcomes).

ANTICIPATED OUTCOMES: The major anticipated outcome will be the stimulation of innovative, active collaboration through flexible funding that will allow and encourage multiple agencies to work together to develop and implement community programs to reduce binge drinking.

EVALUABILITY: Mini studies on the results of redirected (or augmented) funding programs, their design, their use and their outcomes would have to be undertaken.

Objective 2.4: Develop/modify policy to reduce impediments and increase incentives for collaboration.

STRATEGY 2.4.2: Identify specific (3) state-funded local programs. Require systems collaboration as a condition of funding.

ACTION PLAN: GPAC agencies should identify potential funding initiatives in which systems collaboration can be mandated. (*e.g. State Incentive Grant sub-recipient funding*). This strategy is a focused effort to tie collaboration requirements to collaboration. It would probably be most effective if tied to the flexible, multi-agency funding anticipated in the prior strategy discussion. It will require active involvement and agreement of GPAC members to focus on specific initiatives to demonstrate the potential of multi-agency support. This strategy is expected to allow the use of funding initiatives that could include binge drinking components as a way to leverage local collaboration.

POTENTIAL COLLABORATORS: GPAC agencies that fund local initiatives would be necessary collaborators. Binge drinking SIG projects may provide existing programs that are emphasizing collaboration.

COST No new costs since this is an effort to use existing funding to leverage collaboration as a practice.

BARRIERS: The major barriers are related to whether appropriate funding opportunities will be available to support these mandates.

IMPLEMENTATION WORK PLAN: Implementation of this initiative will require:

1. Convene a focused work group to identify appropriate funding program among GPAC collaborators.
2. Agree on mandates and procedure.
3. Implement.
4. Evaluate and document.

ONGOING/ ONE TIME: The initial projects will initiate a procedure that could be ongoing.

ANTICIPATED OUTCOMES: The major objective of this strategy would be to ensure demonstrations of the application of collaboration to binge drinking projects, and to provide an opportunity to document and learn from these demonstrations.

EVALUABILITY: The expected outcomes of this project would be successful examples of the contribution of collaboration to success in reducing binge drinking. An important additional outcome will be the generation of knowledge and lessons concerning the contributions of collaboration to program outcomes, and how to achieve them. The success of this effort will largely depend on the quality of the evaluation. For SIG programs it will depend on the quality of the statewide evaluation funded by ADP.

Objective 2.5: Facilitate specific network/planning activities to promote collaboration relevant to binge drinking.

STRATEGY 2.5.1: Assist communities in establishing (or identifying existing) local collaborations to include K-12 schools, institutions of higher education, law enforcement agencies, local government, service providers, and/or other organizations and interests relevant to local binge drinking strategies.

ACTION PLAN: This strategy focuses on coordination of the many resources to be developed through the strategic plan for specific communities. Local collaborations involving key community stakeholders (e.g., schools, law enforcement, business community) should be developed to develop and implement locally relevant strategies for reducing binge drinking. Collaborations can also be developed at a systems level when similar issues are amenable to shared approaches. Assistance will be provided through materials dissemination, development of applicable evidence-based practices, training and TA. Focused TA for a limited number of communities will be important to bring together the full impact of the strategic plan and provide models and best practices for future adoption. This strategy is a parallel approach to the same ends served by strategy 2.4.2.

POTENTIAL COLLABORATORS: This strategy area offers great potential to expand community based collaborative planning. The Binge Drinking SIG sponsored by ADP requires 13 counties to develop community-based planning processes. Lessons learned from this experience could be useful to other communities interested in using a similar process.

BARRIERS: There are two major barriers to this project. First is the difficulty of developing adequate evaluation design and implementation to document the success of community collaborations, and even more importantly to identify the practices that contribute to that success. The second is potentially significant cost implications for supporting communities in doing this work.

IMPLEMENTATION WORK PLAN: The process involves the following steps.

1. Identifying communities that are working with or establishing community collaborations to reduce binge drinking.
2. Delivering focused TA and training to these communities.
3. Tracking, evaluating and documenting the successes of these programs and the major practices contributing to that success.
4. Incorporating these lessons into future support materials, training and technical assistance.
5. Expanding this process to other counties will involve budget (resource) reallocation by county AOD agencies, and/or state ADP.

ONGOING/ ONE TIME: This project will initiate a process that could become ongoing..

**ANTICIPATED
OUTCOMES:**

The outcomes are first the development of demonstration community coalitions that focus on binge drinking, and second documenting lessons learned about implementing community planning and implementation processes that may provide important guidance to future community initiatives.

EVALUABILITY:

As in strategy 2.4.2, the success of this effort as a guide to future communities will largely depend on the quality of the evaluation. For SIG programs it will depend on the quality of the statewide evaluation funded by ADP. Other possible participants will have to develop evaluation activities sufficient to credibly identifying and documenting success.

Objective 2.5: Facilitate specific network/planning activities to promote collaboration relevant to binge drinking.

STRATEGY 2.5.2: Implement a collaborative network (planning process) involving all four university systems (i.e. Private, UC, CSU, Community Colleges) to address binge drinking issues at institutions of higher learning.

ACTION PLAN: Particular attention should be paid to systems that encompass high risk environments for binge drinking (e.g., higher education). Currently, two of the university systems have active binge drinking initiatives. It is key that all four of the systems in California, which collectively include several million students be part of the effort to design, implement and document successful prevention and intervention efforts. This strategy will facilitate collaboration across public higher education systems in California to introduce mutual planning, support and accountability into efforts to reduce binge drinking in California colleges and universities.

POTENTIAL COLLABORATORS: A GPAC sponsored workgroup involving representatives from all four university systems should be convened. There is precedent in California for implementing a higher education work group, focused on binge drinking.

COSTS: Planning involves minimal costs, however implementation of recommendations generated by the workgroup could be costly.

BARRIERS: There are no barriers.

IMPLEMENTATION WORK PLAN:

1. Identify potential members
2. Convene the workgroup
3. Identify policies, procedures supporting Higher Education effort to deal with binge drinking at the various school campuses
4. Support implementation and careful evaluation.
5. Document successes.

ONGOING/ ONE TIME: The workgroup will initiate a process that could become ongoing.

ANTICIPATED OUTCOMES: There are a number of important outcomes associated with this strategy. Higher education is the area most closely identified with binge drinking practices. Increased focus on this problem by all of California higher education systems could have important successes in reducing this practice. California could provide a model for the rest of the country with respect to collaborative and comprehensive initiatives to reduce binge drinking in college and university environments.

EVALUABILITY: Evaluations would examine the usefulness of the multi-system workgroup in generating policies and procedures for their institutional settings and the effectiveness of these practices. Evaluations sufficient to documenting evidence-based practices should be a priority, and will require significant resources.

**ACTION PLANS
FOR GOAL 3**

**REDUCE AVAILABILITY OF
ALCOHOL TO UNDERAGE YOUTH**

Prepared by

**The GPAC Strategic Plan
Implementation Workgroup**

December, 2004

INTRODUCTION

The period prior to the legal drinking age of 21 are often years of youthful experimentation with alcohol and other drugs. During these years, binge drinking poses a significant safety risk for those engaging in the behavior, and those around them. Binge drinking also carries significant risk for reducing opportunities and accomplishment that support positive development into productive, contributing and rewarding adult lives. A public health perspective on binge drinking alerts us to the importance of opportunity and availability of alcohol to under age drinkers. Without ready availability, use and its negative consequences will decrease. Strategic goal three focuses on the “supply side” of the binge drinking problem. Reducing availability of alcohol to underage youth is made more difficult by the fact that alcohol is a legal substance for responsible use in the adult population. Alcohol is available in a variety of commercial establishments, and in the homes of many underage youth. Accordingly, reducing availability requires a diverse set of objectives and strategies that encompass commercial practice, social acceptance and legal sanctions.

There are nine specific strategies presented in this Goal area. Like the other Goals in the Strategic Plan, several Goal 3 strategies can be implemented relatively quickly and with minimal new resources or resource allocations. ADP, given its prominence in the technical assistance service delivery system and its specific responsibilities on binge drinking through the SIG initiative can be expected to assume a leadership role on a number of these proposed strategies.

Objective 3.1: Increase knowledge/skills concerning strategies for reduction of alcohol availability for youth.

STRATEGY 3.1.1: Collate, synthesize and disseminate information on sources of availability for underage youth (where and how do they get alcohol).

ACTION PLAN: Research-based information concerning where and how underage youth get alcohol will be important to planning and targeting interventions. Under GPAC guidance, current knowledge will be identified, compiled and synthesized. Available information will be disseminated through the binge drinking web site and the training and TA outlets identified throughout this plan. Research on the relation of alcohol availability to underage youth, and its relation to use has not been high on the prevention research agenda, so knowledge in this area is limited. To encourage the generation of information on the topic, the GPAC will identify and promote feasible tools and techniques (e.g., survey items, observational techniques) that document alcohol availability and the primary means by which underage drinkers access alcohol. Information on this environmental issue should become part of the understanding of risk in the prevention field. GPAC will develop means of encouraging the necessary data collection, analysis and feedback to policy makers.

POTENTIAL COLLABORATORS: GPAC agencies that fund evaluation or research, and those agencies that have significant information dissemination, training and TA capacity are the prime potential collaborators.

COSTS: There are no necessary new costs associated with identifying the relevant information, synthesizing it and disseminating it through existing training and TA capacity in GPAC agencies. Changing data collection surveys to reflect youth access requires no significant expense, just a willingness to make the appropriate changes. Utilization of other data collection efforts, (e.g. observational) would probably be implemented through changing the substantive emphasis of research activities rather than funding new ones.

BARRIERS: The potential barriers include both the availability of relevant existing information, and the motivation and willingness to develop new information.

IMPLEMENTATION WORK PLAN:

1. Use existing research, training and TA capacity to identify, collate and disseminate existing information on availability and its relation to substance use among youth.
2. Review current statewide data collection surveys to identify presence and/or need for items concerning youth access.
3. Identify feasible items and recommend including youth access items for surveys or other data collection not having questions on this topic.
4. Conduct secondary analysis on youth access and use with surveys currently using this item.
5. Use increased knowledge to develop and confirm strategies for reducing access.

**ONGOING/
ONE TIME:**

This task should generate an ongoing component of information concerning risk that is relevant to prevention planning, policy and programs.

**ANTICIPATED
OUTCOMES:**

This strategy will have both short and long term outcomes for the prevention system.

1. In the short term, existing information on youth access, the forms it takes, their relation to use patterns, and the potential for effective intervention will become more available to the field.
2. In the longer term, new information on youth access and interventions to reduce it will be incorporated into California's prevention monitoring, research and decision making system (see next strategy).

EVALUABILITY:

Information on acquisition and use of the information, training and TA concerning youth access will be incorporated into the monitoring systems concerning the web-site, training and TA, and other information dissemination discussed throughout the action plans for each goal in the binge drinking strategic plan.

Objective 3.1: Increase knowledge/skills concerning strategies for reduction of alcohol availability for youth.

STRATEGY 3.1.2: Develop a list of strategies to reduce overall availability.

ACTION PLAN: GPAC, through a workgroup, through the use of subject matter experts, or through agency contractors, will identify and categorize (e.g., by age, risk, settings, or other characteristics) alternative strategies and methods for reducing availability of alcohol to underage youth (e.g. server trainings, increased enforcement, licensing policy, awareness education for parents, school policies). To the extent feasible, information on evidence-based effectiveness of different strategies will be included. This information will be disseminated to the California prevention system.

POTENTIAL COLLABORATORS: GPAC agencies, consultants, researchers and professionals involved with alcohol availability and related topics (e.g., environmental prevention strategies).

COSTS: There are minimal new costs associated with this strategy if the work is conducted through existing GPAC agency research, training and TA contractors. This task is consistent with the work of ADP's CPI, for example.

BARRIERS: There are no significant barriers to this task.

IMPLEMENTATION WORK PLAN:

1. Conduct literature review on effective strategies to reduce youth access.
2. Compile information into user friendly formats.
3. Disseminate information through a website or share point.
4. Provide Technical Assistance and Training on this topic.

ONGOING/ ONE TIME: Ongoing

ANTICIPATED OUTCOMES: This strategy will build on strategy 3.1.1 by making the information generated through that strategy available to the California Prevention System. Long term, the anticipated outcome is the use of evidence-based strategies to reduce youth access to alcohol.

EVALUABILITY: Access to and use of the information will be tracked through the monitoring systems identified throughout this action plan. Assessing the implementation and effectiveness of strategies to reduce binge drinking will require focused evaluations.

Objective 3.1: Increase knowledge/skills concerning strategies for reduction of alcohol availability for youth.

STRATEGY 3.1.1: Disseminate, promote and recommend policies and Initiatives that feasibly implement alternative strategies appropriate for different community circumstances.

ACTION PLAN: As designated in the Strategic Plan, ADP will serve as lead state agency in developing and disseminating evidence-based approaches relevant to binge drinking. This is consistent with 1) ADP's role in promoting community-based binge drinking initiatives through the SIG grants, and 2) its existing capacity to deliver TA and Training services. The plan stipulates that ADP, through its SIG TA contractor, will assume primary responsibility for promoting and disseminating evidence-based programs, approaches, and strategies associated with reducing availability of alcohol to under-aged Californians.

POTENTIAL

COLLABORATORS: All GPAC agencies will be partners in identifying potential dissemination materials.

COSTS: Again, the work of collating programs or approaches falls within the scope of work of ADP's current State TA contractor. .

BARRIERS: This strategy assumes demand for the materials and training/TA to be provided. This demand should be assessed, and appropriate promotion strategies should be developed

IMPLEMENTATION

WORK PLAN: Effective dissemination will require the following:

1. A clear and useful presentation of identified evidence-based programs, approaches and strategies. This will build on the work of earlier strategies for this goal.
2. Design and implementation of procedures to identify evidence-based materials that meet appropriateness criteria on an ongoing basis.
3. Dissemination through the channels identified throughout the action plans for California's Strategic Plan to combat binge drinking.

ON-GOING/

ONE TIME: This will be an ongoing effort.

ANTICIPATED

OUTCOMES: The potential outcomes are fundamental, including a) increased availability of evidence-based materials relevant to reducing under-aged access to alcohol; b) strengthened training and TA capacity relevant to underage access; and c) increased adoption of evidence-based programs, approaches and strategies relevant to under aged access to alcohol.

EVALUABILITY:

- Access to the web site will be monitored.
- Periodic follow-up to users will be conducted to determine usefulness and degree of use of the information.

Objective 3.1: Increase knowledge/skills concerning strategies for reduction of alcohol availability for youth.

STRATEGY 3.1.4: Encourage use of “ASIPS” and other police reporting procedures for identifying hot spots to target.

ACTION PLAN: Local law enforcement’s ability to identify alcohol involvement in crime reports can be a useful tool to target “hot spots” in the community. ASIPS (Alcohol/Drug Sensitive Information Planning System) is one such program that provides this level of analysis. This strategy will promote the use of ASIPs or similar data generation relevant to enforcement.

POTENTIAL COLLABORATORS: Broadening data collection concerning alcohol use and crime will require the active participation of law enforcement agencies. GPAC has the involvement of key state law enforcement agencies, however, involving representatives from local law enforcement will be necessary.

COSTS: Not known. Changes made on forms are relatively inexpensive, however, analysis and reporting results could involve greater expenses. These costs would be distributed among local law enforcement agencies.

BARRIERS: There are potential barriers with this strategy. Getting local law enforcement agencies to collectively agree to changes in reporting procedures represents a difficult challenge.

IMPLEMENTATION WORK PLAN: A GPAC workgroup involving local law enforcement agencies should be convened to discuss and review the potential for adapting local reporting procedures to more effectively capture alcohol related incidences. Information on the capacity and implementation requirements for ASIPs could be made available through the dissemination systems identified throughout this action plan.

ONGOING/ ONE TIME: Ongoing

ANTICIPATED OUTCOMES: A better system of reporting such as ASIPS, could provide local jurisdictions and planners with better information on the inter-relatedness of criminal acts and alcohol involvement. This may be helpful in targeting enforcement activities.

EVALUABILITY: The first step in evaluation will be monitoring interest and use of the information on ASIPs and the adoption of the system by local law enforcement agencies. The longer term, and more difficult, evaluation task will be assessing its utility for a) guiding enforcement activities, and b) reducing alcohol-related crime.

Objective 3.2: Promote public/private initiatives to reduce alcohol availability to youth.

STRATEGY 3.2.1: Develop state and local public policies (or other strategies) that restrict alcohol marketing and promotion of alcohol that targets youth.

ACTION PLAN:	In 1999 the Federal Trade Commission (FTC) made recommendations concerning advertising standards for the alcohol industry. The impact of these recommendations was limited. For example, only one company adopted review boards to examine complaints about alcohol advertising practices. Through public awareness and local coalition action, advocacy for change in local alcohol advertising practices might be exerted. A wide range of policy options should also be explored.
POTENTIAL COLLABORATORS:	Effectively exploring feasible and publicly supported policy change would require widespread involvement of state and local agencies, researchers and advocacy groups concerned with alcohol marketing. While the work could be assumed under a GPAC workgroup specifically charged to examine policies input from other agencies, (e.g. Marin Institute) and local communities will need to be involved.
COSTS:	Not known. There would be significant costs in advocating for policy change, but these would not be on-budget public expenditures.
BARRIERS:	Implementation of new policies is often difficult. It is important to provide clear evidence-based estimates of the benefits associated with implementation. Good policies enacted but not enforced are not helpful to achieving the desired outcomes.
IMPLEMENTATION WORK PLAN:	The most immediate step to facilitate policy change will be to use GPAC agency capacity (e.g., CPI) to document the potential range of state and local policies to constrain promotion of alcohol use. This information can be disseminated to local coalitions concerned with alcohol use, and particularly under age alcohol use.
ONGOING/ ONE TIME:	First is the need to document the implementation of these types of policies, second it would be important to document the extent that agencies and organizations were impacted by the policies. Third, and more difficult, would be to assess whether the policies had the desired
EVALUABILITY:	See above.

Objective 3.2: Increase knowledge/skills concerning strategies for reduction of alcohol availability for youth.

STRATEGY 3.2.2: Encourage 15 cities in 15 counties to adopt a “San Diego” type social host local ordinance.

ACTION PLAN:	This strategy represents a prototype for an approach to facilitating policy change that may be expanded to other specific strategies if it shows promise. A peer technical assistance partnership involving San Diego leaders to assist other California cities in implementing local social host ordinances could be established and supported. Minimally, documents on the intervention strategy will be prepared for broad distribution and placement on the Binge Drinking website. ADP's Technical Assistance and Training contractor could serve as the vehicle to manage the process.
POTENTIAL COLLABORATORS:	Identifying and involving individuals from San Diego that were active in establishing the social host ordinance is central to this strategy. Other communities willing to participate in peer technical assistance efforts will be crucial collaborators.
COSTS:	No new costs, the process can be managed by the state's TA and Training contractor, CPI.
BARRIERS:	No serious barriers other than issues associated with recruiting other communities and setting up the process.
IMPLEMENTATION WORK PLAN:	<p>The strategy could be implemented in four phased steps:</p> <ol style="list-style-type: none">1. Identify San Diego (or other community with social host policy) stakeholders to participate on the TA team.2. Develop support materials3. Publicize, promote and recruit communities to participate4. Provide TA and Training to these interested communities.
ONGOING/ ONE TIME:	This project could develop into an ongoing approach to promoting the diffusion of effective approaches.
ANTICIPATED OUTCOMES:	If successful, the strategy will result in establishment of more communities with social host ordinances. This could produce greater community awareness concerning adolescent binge drinking, and contribute to reductions in that behavior. The project will also produce evidence concerning the effectiveness of the diffusion strategy itself.
EVALUABILITY:	The social host agency is a policy approach that has not been evaluated. Supporting a project to evaluate San Diego's ordinance and its impact should be a high priority if this strategy is pursued. The diffusion process will be carefully monitored to assess participation, satisfaction and the adoption of social host ordinances.

Objective 3.2: Increase knowledge/skills concerning strategies for reducing alcohol availability for youth.

STRATEGY 3.2.3: Create list of California success stories (e.g., San Diego Policy Panel on Youth Access to Alcohol).

ACTION PLAN:	To provide “blueprints” for successful action, brief histories concerning “success stories” to the California prevention community and other relevant stakeholders (e.g., through the binge drinking web site). The case studies will be organized through a step-by-step outline for achieving success. GPAC member TA and Training capacity could be used to produce and disseminate these documents
POTENTIAL COLLABORATORS:	GPAC agencies, that have funded successful initiatives concerning alcohol problems and representatives from the funded projects.
COSTS:	Minimal. Could involve convening a meeting of successful grantees or administrators involved with binge drinking related policies or practices.
BARRIERS:	No significant barriers.
IMPLEMENTATION WORK PLAN:	<ol style="list-style-type: none">1. Poll GPAC members about successful initiatives.2. Convene meeting of stakeholders in these initiatives..3. Prepare the case histories.4. Disseminate information via website or other electronic medium.5. Provide TA and Training to communities interested in the approaches.
ONGOING/ ONE TIME:	Ongoing.
ANTICIPATED OUTCOMES:	<p>This strategy will produce several outcomes.</p> <ol style="list-style-type: none">1. It will produce a collection of ‘blueprints’ on successful cases that will be a new resource for providers and communities.2. Dissemination of the information.3. Widespread adoption of successful projects.
EVALUABILITY:	The production of the case histories, distribution of the materials, and the replication of these programs and projects will be monitored. Focused evaluations would be necessary to assess the implementation and outcome success of these projects.

Objective 3.3: Promote strengthened enforcement of existing penalties for providing alcohol to youth.

STRATEGY 3.3.1: Monitor and market success of compliance checks, penalties and enforcement of laws.

ACTION PLAN: This strategy will help increase public awareness concerning enforcement of various alcohol related laws, and incidences of violation. Marketing information relevant to binge drinking should include data on compliance with existing restrictions.

POTENTIAL COLLABORATORS: GPAC members associated with the promulgation and enforcement of youth access to alcohol (e.g. ABC, OTS, AG).

COSTS: Tracking and reporting information should not represent a burden to the involved agencies.

BARRIERS: This information may have its greatest utility at the local level, and identifying how to produce and distribute it at this level could be a significant challenge. Determining approaches that broaden the availability of the information may involve additional work.

IMPLEMENTATION OF WORK:

1. Convene workgroup of GPAC members involved with youth access enforcement
2. Identify sources of information on compliance, ways to broaden reporting, and a procedure for collating and synthesizing this information.
3. Implement a reporting procedure.

ONGOING /ONE TIME: Ongoing.

ANTICIPATED OUTCOMES: Increased community awareness concerning laws and regulations prohibiting youth access to alcohol. This awareness may be a motivation to strengthened enforcement, or to public advocacy for stronger ordinances or laws.

EVALUABILITY: Assess usefulness of information. While broad-based community survey is too expensive, polling county administrators and other local group as to the perceived usefulness of the information should be encouraged.

Objective 3.3: Promote strengthened enforcement of existing penalties for providing alcohol to youth.

STRATEGY 3.3.2: Encourage reliable funding source for local enforcement efforts.

ACTION PLAN: This strategy would promote strengthened funding of local law enforcement agencies to enhance and continue vigorous enforcement of existing alcohol related laws GPAC can develop and disseminate information on funding levels related to enforcement of relevant laws and ordinances. The actual changing of funding priorities in law enforcement systems is beyond the scope of their authority.

POTENTIAL COLLABORATORS: GPAC members, potential legislators willing to carry new legislation authorizing new funds.

COSTS: The cost could be substantial if new funds for this purpose were authorized.

BARRIERS: The barriers are large. First it is not clear that meaningful data on enforcement of relevant laws would be attainable. Second, the GPAC has no immediate authority to take the intended action, nor to directly lobby for the action.

IMPLEMENTATION WORK PLAN: It would be possible to convene a special workgroup to examine all costs associated with alcohol access enforcement. Three objectives could be achieved through this process:

1. Cost identifications
2. Cost benefits analysis (though realistically this would be a speculative study without a very significant investment of resources)
3. Additional funds necessary to make the system more robust.

ONGOING/ ONE TIME: The project would be a one-time effort.

ANTICIPATED OUTCOMES: The anticipated outcomes for this strategy would be very uncertain. The quality of information provision is very uncertain, as is the potential impact on funding levels.

EVALUABILITY: Any changes in funding specified for adolescent drinking could be tracked, though attribution to the GPAC efforts could be difficult. Evaluation of actual impacts of this strategy on enforcement or adolescent drinking itself would be difficult and expensive.

**ACTION PLANS
FOR GOAL 4**

**INCREASE PERCEPTION AMONG ADOLESCENTS
AND YOUNG ADULTS THAT BINGE DRINKING IS
HARMFUL AND UNACCEPTABLE**

Prepared by

**The GPAC Strategic Plan
Implementation Workgroup**

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INTRODUCTION

Strategic Goal 1 focused on the importance of raising awareness and reducing acceptance of binge drinking in the adult and organizational environments of adolescents and young adults. These are the populations most vulnerable to binge drinking and its negative impacts. If binge drinking is to be approached in a comprehensive way, it is also important to develop effective ways of increasing the perception that binge drinking is harmful and unacceptable among adolescents and young adults themselves. Promoting this potentially protective perception is the focus of Goal 4.

There are three broad objectives and 10 associated strategies included in Goal area 4. Most focus on ways to increase awareness and knowledge concerning the consequences of binge drinking, similar to strategies identified in Goal 1 (promote awareness) and Goal 5 (disseminate information concerning binge drinking interventions). Consistent with other goals, the action plan for Goal 4 emphasizes the importance of using prevention research findings to identify evidence-based policies, strategies and activities that impact the perceptions and behaviors of youth concerning the harm associated with binge drinking and its social acceptability.

Objective 4.1: Increase awareness/knowledge of consequences of underage binge drinking/alcohol use.

STRATEGY 4.1.1: Develop specific campaigns (or programs) that target youth and highlight health or behavioral issues associated with binge drinking.

ACTION PLAN: This strategy acknowledges the limited applicability and inefficiency of general population media campaigns for changing binge drinking behaviors in youth. Informational and motivational campaigns that are innovative in using methods designed to appeal to youth, and that are targeted to reach the intended audience may be more effective. The Office of Traffic Safety project that funded eight FNL Partnership Counties to develop informational mass media campaigns on underage drinking issues is an excellent example. This project involved youth in designing and implementing the campaigns. There was differential success across counties, and lessons were learned. Initiatives could be as simple as designating a “Binge Drinking Awareness” month in schools or could involve more expensive initiatives designed to engage youth in the community, particularly in “hot spot” environments. The youth orientation should be reflected both in content and in placement/targeting of the message.

POTENTIAL COLLABORATORS: GPAC agency members with public relations or information dissemination capacity.

COSTS: The OTS project was conducted with a relatively small budget. Each FNL partnership county was provided \$8,000 to implement a county-based media campaign. Overall cost will depend on the nature and scope of projects.

BARRIERS: Since this strategy anticipates a number of focused campaigns, coordination and collaboration will be a challenge. Cost will also be a potential barrier, particularly with larger statewide campaigns.

IMPLEMENTATION OF WORK: This strategy requires innovation, networking and collaboration if it is to succeed. Steps will include the following.

1. Convene a workgroup or assign responsibility to an agency contractor (e.g., training and TA contractor) to facilitate these approaches.
2. Identify potential collaborating agencies and potential models/strategies that fulfill the anticipated function.
3. Disseminate information and facilitate development of focused projects such as the OTS project.
4. Monitor and assess implementation and accomplishments. .

ONGOING/ ONE TIME: One time project that could model ongoing activities (seed project).

**ANTICIPATED
OUTCOMES:**

If successful, this project would develop messages and public relations outreach that would effectively reach youth at high risk for binge drinking, engage them and contribute to changed perceptions and behaviors.

EVALUABILITY:

Evaluation would be developed consistent with resource availability and nature of each focused project. Lessons were generated from the OTS project, for example, through focus groups and project monitoring.

Objective 4.1: Increase awareness/knowledge of consequences of underage binge drinking/alcohol use.

STRATEGY 4.1.2: Publicize and enforce laws requiring the suspension of drivers' licenses for any law violation involving alcohol/drugs.

ACTION PLAN: Driving is a privilege of particular value to adolescents and young adults, and widely publicizing sanctions removing this privilege may have a deterrent effect. Some states have launched major media campaigns using this strategy (e.g. Missouri's "use and lose" campaign) that have demonstrated some success. The major issue in this strategy is how to most cost-effectively publicize these sanctions.

POTENTIAL COLLABORATORS: Selected GPAC member agencies (i.e. OTS, AG). Buy in from crucial agencies such as OTS and DMV would be crucial to large scale efforts.

COSTS: Unknown. Depends on the public relations approach that is selected.

BARRIERS: Potential cost and achieving agreement on an appropriate strategy are important potential barriers.

IMPLEMENTATION OF WORK: Similar to Objective 4.1, strategy 4.1.1. This strategy will require an initial feasibility study on alternatives and costs. Further implementation, if it occurs, will depend on this feasibility study.

ONGOING/ ONE TIME: One time.

ANTICIPATED OUTCOMES: An effective campaign would increase awareness of lost driving privileges as a consequence. It is anticipated that this increased awareness will result in changed behavior.

EVALUABILITY: Given cost considerations in rigorous studies of large attitude change initiatives, it is unlikely that an outcome study focusing on changed behaviors would be possible. However, an evaluation using DMV data could determine whether or not a reduction in adolescent, alcohol-related, suspended licenses has occurred.

Objective 4.1: Increase awareness/knowledge of consequences of underage binge drinking/alcohol use.

STRATEGY 4.1.3: Develop and distribute two youth-oriented public awareness materials on the effects of binge drinking (e.g., PSA, videos) to schools and public TV.

ACTION PLAN:	These messages are differentiated from Goal 1 messages in their focus on appealing to young people. There are many alternatives for these messages. For example, some states (e.g. Montana) have launched campaigns to dispel the perception that “everyone” engages in substance abuse behaviors. These messages are unique in their focus on “abuse” and the use of statistics to show that alcohol abuse is not a behavior for the majority of youth. Other localities (e.g., Albuquerque, New Mexico) are using interactive informational campaigns with advanced information on the impacts of abuse on thinking. .
POTENTIAL COLLABORATORS:	This is another strategy that will require significant initial exploration of alternatives. A workgroup or a designated contractor will be essential if the initial developmental period is to be implemented.
COSTS:	Unknown. Depends on what form the awareness materials take, and how they are produced and disseminated.
BARRIERS:	Initial generation of alternatives, organizing production and identifying funding are all potential barriers.
IMPLEMENTATION OF WORK:	<p>Similar to Strategy 4.1.1 above, this strategy requires innovation, networking and collaboration if it is to succeed. Steps will include the following.</p> <ol style="list-style-type: none">1. Convene a workgroup or assign responsibility to an agency contractor (e.g., training and TA contractor) to facilitate these approaches.2. Identify potential collaborating agencies and potential models/strategies that fulfill the anticipated function.3. Disseminate information and facilitate development of focused projects.4. Monitor and assess implementation and accomplishments. .
ONGOING/ ONE TIME:	One time.
ANTICIPATED OUTCOMES:	This project would be expected to increase awareness of targeted binge drinking issues (e.g., harm, consequences, social acceptability) for youth exposed to the specific materials.
EVALUABILITY:	The adoption and implementation of each set of materials could be monitored through the monitoring capabilities developed throughout these action plans. Any outcome evaluation would have to be organized specific to each implementation of the materials.

Objective 4.1: Increase awareness/knowledge of consequences of underage binge drinking/alcohol use.

STRATEGY 4.1.4: Develop educational programs for use by teachers that encourage students to research the implications of binge drinking in those under 25.

ACTION PLAN: The development of materials that involve students in identifying consequences of behaviors has potential advantages over more passive models of prevention. Involvement of schools to curb middle and high school binge drinking is an important part of a comprehensive, multi-faceted plan. Innovative and informational materials for students need to be developed. This focused strategy uses binge drinking as a focus for developing materials that would meet these needs.

POTENTIAL COLLABORATORS: School system representatives and a lead GPAC member agency (ADP, CDE).

COSTS: Will depend greatly on the quality and amount of information to be disseminated.

BARRIERS: Cost and development of materials widely acceptable to schools and teachers are potential challenges.

IMPLEMENTATION OF WORK: This project could be assumed by ADP's state TA and Training contractor or by CDE. This is a very focused intervention that could be part of a larger tool kit on binge drinking described in other objectives.

ONGOING/ ONE TIME: Ongoing, to ensure current information is provided to the schools.

ANTICIPATED OUTCOMES: Improved prevention practice in schools, increased awareness and changed attitudes about binge drinking by students, and eventually reduced binge drinking behaviors..

EVALUABILITY: Access and adoption will be monitored. Schools that apply this intervention could be asked to report the results.

Objective 4.1: Increase awareness/knowledge of consequences of underage binge drinking/alcohol use.

STRATEGY 4.1.5: Meet with representatives from media, insurance, medical, schools, to provide video and PSA's.

ACTION PLAN: The focus on young people may provide a useful appeal to reach out to business and educational communities for support and resources. Broadening the base to involve other key stakeholders in promoting the message could be an important strategy for leveraging resources.

POTENTIAL COLLABORATORS: The issue here is identifying potential, prominent community collaborators that can be accessed through GPAC resources. Organizations that are within GPAC agency constituencies are prime candidates.

COSTS: Initial costs involved with mobilizing a network of potential community collaborators would be modest. Leveraging resources to meet PSA, video and other project costs are a primary objective.

BARRIERS: Identification of willing collaborators with the needed capacities and developing a forum for initial networking and collaboration are the immediate challenges.

IMPLEMENTATION OF WORK: This strategy would require the following steps.

1. Develop a list of potential collaborators using recommendations from GPAC members.
2. Assign responsibility for facilitating initial networking and collaboration to a GPAC agency(ies) with facilitation capacity (e.g., in a training contractor like CPI).
3. Support dissemination of materials and public recognition of the public/ private partnership that produced them. .

ONGOING/ ONE TIME: One-time to start the process. Depending on outcomes, it might be reasonable to maintain this partnership.

ANTICIPATED OUTCOMES: Increased participation and contribution of community organizations to reducing binge drinking. New partnership relations between public and private organizations.

EVALUABILITY: The process of networking and collaboration will be monitored and assessed for lessons.

Objective 4.1: Increase awareness/knowledge of consequences of underage binge drinking/alcohol use.

STRATEGY 4.1.6: Develop factual information concerning the residual effects of binge drinking on motor skills, learning and decision-making hours after the drinking episode.

ACTION PLAN: This strategy is a potential prototype for how state agencies can assist local prevention agencies, schools and providers use focused materials concerning important problems like binge drinking. In this case GPAC would promote the development and dissemination of specific information on harm related to heavy use. Binge drinking episodes can have lingering effects on ability to perform physically and mentally. Developing, packaging and disseminating information on the nature and duration of these effects is an important piece of information that is not specifically or widely known.

POTENTIAL COLLABORATORS: ADP, Health Department and academicians involved in alcohol/brain research.

COSTS: Would not be significant if the assignment to develop and disseminate is made through existing GPAC agency research, training and TA capacity.

BARRIERS: No significant barriers if the assignment uses existing capacity.

IMPLEMENTATION OF WORK: Assign responsibility to a single agency or several agencies to oversee the development of these products. Product development and dissemination can be incorporated into processes for similar products in other strategies.

ONGOING/ ONE TIME: One time, with potential updates.

ANTICIPATED OUTCOMES: The most important anticipated outcome here is increased collaboration between the state and local prevention providers to improve the quality and efficacy of interventions targeting specific substance-related problems like binge drinking. If successful and expanded, this is a model procedure for increasing the use of current evidence-based content in ways more flexible and adaptable than relying simply on model programs.

EVALUABILITY: The potential importance of this focused step for improving capacity to deliver evidence-based content warrants careful monitoring of the effectiveness of dissemination strategies (e.g., website, newsletter announcements, training), the degree of utilization of the materials, and reasons. This can be done through monitoring and feedback procedures specified throughout the GPAC binge-drinking action plans.

Objective 4.2: Encourage peer programs to more effectively change youth and young adult perceptions of acceptability of binge drinking/alcohol use.

STRATEGY 4.2.1: Provide TA funding for media advocacy involving youth.

ACTION PLAN:	Through existing TA contracts managed by the ADP, engage youth in the development of localized media campaigns on binge drinking (e.g., The OTS/FNL Partnership Media Campaign cited earlier is an example of this type of effort). This is another example of innovative use of state and local agency collaboration to increase capacity to use focused strategies to target prevention on specific behaviors that research has identified as particularly harmful.
POTENTIAL COLLABORATORS:	GPAC agencies, particularly ADP, and youth-serving organizations in the state (e.g. FNL partnership).
COSTS:	In prior projects, similar work has been done for between \$5-\$10,000 per contract. This would not be new money if it is incorporated into existing discretionary funding in GPAC agencies, or into existing training and TA contractors.
BARRIERS:	Cost, developing the most appropriate collaborative mechanisms for expanding this type of activity. Competitive solicitations are relatively resource-consuming, and other alternatives may be generated.
IMPLEMENTATION OF WORK:	<p>This strategy will require the following steps.</p> <ol style="list-style-type: none">1. GPAC agencies must determine how this strategy fits into their funding capacity (e.g., ADP can make a determination concerning the feasibility of allocating TA/Training contract funds for this activity).2. Specific decisions on how to facilitate the youth involvement must be made (e.g., the OTS program represents one potential model to involve peer lead efforts in implementing the project with this scope of work).3. The designated agency will implement one or more alternatives for promoting youth-led initiatives.
ONGOING/ ONE TIME:	One time effort that may generate similar on-going activity if successful..
ANTICIPATED OUTCOMES:	There are several potential outcomes. First, youth involvement will increase youth participation and understanding of the dimensions of the problem, and may generate more effective methods of reaching their peers. Second, the innovative nature of this youth involvement may stimulate broader community awareness concerning adolescent binge drinking. Third, the initiative may contribute to enhanced capacity for collaboration within California's prevention system.
EVALUABILITY:	This activity can be monitored for content and adoption. Rigorous impact study is not feasible within reasonable cost, but focused qualitative study (e.g., focus groups) can be very useful in generating information on

Objective 4.2: Encourage peer programs to more effectively change youth and young adult perceptions of acceptability of binge drinking/alcohol use.

STRATEGY 4.2.2: Review and use research from tobacco control initiatives in California and other states to shape media messages to most effectively reach specific categories of youth with evidence-based content that actually impacts knowledge, beliefs and behaviors.

ACTION PLAN: This specific strategy is another potential model for ways to enhance prevention system capacity by integrating the analytic and dissemination capacity of state agencies and the implementation capacity of local agencies and providers. A large volume of research has shown that informational strategies, including media campaigns, are often unsuccessful in actually changing knowledge beliefs, and (in particular) behavior. Many of the activities suggested by the GPAC work group involve information dissemination strategies, including activities involving peers to enhance the effectiveness of information. To maximize cost-effectiveness of these strategies, it is important that evidence concerning the most effective information content and delivery methods for specific target youth should be accumulated and disseminated. This strategy involves specific examination of tobacco control efforts where evidence of effectiveness has been shown. The potential applicability and modification of tobacco messages to fit other behaviors like binge drinking must be considered.

POTENTIAL COLLABORATORS: Researchers involved with tobacco control media messages (e.g. Legacy Foundation) and California's Department of Health Services – a GPAC member.

COSTS: Unknown. Depends on the scope of the contract for developing and disseminating the knowledge produced by this research review and synthesis.

BARRIERS: A first barrier is the degree to which valid conclusions about the applicability of tobacco message lessons to binge drinking can be developed without costly additional primary research. .

IMPLEMENTATION OF WORK: Several phased decision steps are important to this strategy.

1. Initial research in this area will establish reasonable expectations concerning the applicability and effectiveness of lessons from tobacco and other effective media and peer information efforts for binge drinking. What are the critical differences in impacting these behaviors? The relevant similarities (e.g., serious and specifiable health consequences, social consequences)?
2. If reasonable opportunity for relevant adaptation of lessons is identified, specific guidelines will be developed and disseminated.
3. Specific information campaigns should be supported.

**ONGOING/
ONE TIME:**

This activity is one time, but it is designed to initiate lessons for ongoing prevention activities, and to initiate an ongoing process for improving collaborative support for evidence-based practice..

**ANTICIPATED
OUTCOMES:**

The strategy will have several outcomes, including improved capacity for supporting evidence-based practice, possibly improved peer-involved informational strategies, and more effective prevention targeting binge drinking by youth.

EVALUABILITY:

The process of development and adoption of evidence-based practices will be monitored through procedures discussed throughout these action plans. Outcome evaluations will have to be developed for individual adoptions of the lessons that may be generated through this strategy.

Objective 4.3: Target high risk adolescent and young adult environments for intensive awareness/education interventions.

STRATEGY 4.3.1: Identify populations and environments at high risk for binge drinking.

ACTION PLAN: Existing statewide surveys and specialized studies of binge drinking behaviors (e.g., college campus survey, CHKS, CSS), will be used to generate information on high risk populations, the particular risk factors that characterize them, and the settings in which they occur. This information will be gathered, synthesized and disseminated to strengthen planning and policy decisions through better understanding of need and to focus the development of effective intervention through better understanding of the population characteristics, patterns of harm, and environments associated with binge drinking..

POTENTIAL COLLABORATORS: ADP, AG and CDE should be involved given their roles in administering the current state survey contracts. The representative from Higher Ed, research organizations engaged in studying collegiate level binge drinking (PRC) need to participate as well.

COSTS: Costs could be minimal given the fact that (1) the databases exist and (2) secondary analysis is not expensive to conduct.

BARRIERS: None.

IMPLEMENTATION OF WORK: A special workgroup of relevant GPAC agency members and outside organizations identified above could convene a meeting to review potential analysis and reports that could be generated through a secondary analysis of current survey databases. Assignment of responsibility to agencies with research capacity will be necessary. The GPAC binge drinking workgroup has demonstrated the value of this strategy through its secondary analysis of school survey data.

ONGOING/ ONE TIME: Ongoing.

ANTICIPATED OUTCOMES: Several important outcomes will be achieved, including current information on incidence and prevalence of binge drinking, improved understanding of who engages in binge drinking, and better understanding of causes and consequences of binge drinking. This information is expected to contribute to better planning for interventions to reduce binge drinking, to more effective intervention design, and to more effective implementation of programs that reach youth in need of binge drinking interventions.

EVALUABILITY: This information generated through the analysis of the survey data will contribute to the state's ability to track change in binge drinking behavior over time.

Objective 4.3: Target high risk adolescent and young adult environments for intensive awareness/education interventions.

STRATEGY 4.3.2: Identify and disseminate information on intervention strategies most appropriate to changing awareness and acceptance for specific populations at risk.

ACTION PLAN:	Knowledge of risk profiles for specific groups can be an important guide to intervention need, and of the particular intervention strategies most appropriate to a particular population and/or setting. This strategy builds on the survey analyses described in strategy 4.3.1, and provides activities to synthesize this information with what is known about the effectiveness of different intervention strategies for youth with different risk profiles (e.g., information strategies compared to focused interventions such as Student Assistance Programs)
POTENTIAL COLLABORATORS:	ADP, CDE, HS, OTS, ABC and AG are six GPAC agencies with the potential to provide and disseminate information on risk profiles developed through their ongoing work with risk populations. ADP can collaborate with these agencies to synthesize risk profiles with evidence-based information on differential efficacy of interventions across participant profiles.
COSTS:	Minimal since the work is consistent with the training and TA responsibilities of CPI.
BARRIERS:	No significant barriers.
IMPLEMENTATION OF WORK:	<p>Full implementation of this strategy will require the following steps.</p> <ol style="list-style-type: none">1. Synthesis of risk profile data from collaborating agencies and secondary analyses of existing data.2. Synthesis of risk profiles with evidence concerning differential effectiveness and appropriateness of interventions across different risk groups.3. Development of information products and guides concerning lessons developed through steps 1 and 2.4. Dissemination of the products to the California prevention community.
ONGOING/ ONE TIME:	Ongoing, providing the field with ongoing, relevant information represents a major element of the overall binge drinking strategic plan.
ANTICIPATED OUTCOMES:	Anticipated outcomes include improvement in knowledge concerning relevant populations and differential interventions to reduce binge drinking, increases in adoption of targeted strategies, and more effective interventions for targeted groups.
EVALUABILITY:	Access and use of the information developed pursuant to this strategy can be documented through the binge drinking action plan monitoring strategies. Information from local evaluations of specific programs should be collated to inform ongoing refinement of evidence-based materials for dissemination.

**ACTION PLANS
FOR GOAL 5**

**IDENTIFY AND PROMOTE EVIDENCE-BASED
PRACTICES IN ADDRESSING
BINGE DRINKING**

Prepared by

**The GPAC Strategic Plan
Implementation Workgroup**

December, 2004

INTRODUCTION

This document specifies implementation strategies for achieving the objectives of Goal 5 of the Strategic Plan to Reduce Adolescent and Young Adult Binge Drinking in California. Goal 5 focuses on the *identification and promotion of evidence-based practices in addressing binge drinking*. This goal is central to building the capacity of the California prevention system in preventing dangerous and illegal drinking as a serious alcohol problem among the state's young people. The implementation strategies emphasize three interrelated themes: 1) they outline ways to promote and disseminate information on evidence-based programs, approaches and strategies to reduce binge drinking, 2) they identify potential funding/resources to implement these programs, and 3) they specify steps to strengthen current capacity to collect and analyze information concerning binge drinking patterns among adolescents and young adults.

There are 10 specific strategies presented in this goal area. Most can be implemented relatively quickly and with minimal new resources or resource reallocations. ADP, given its SIG binge drinking related responsibilities and access to TA/training resources, will assume the lead for implementing many of these strategies. For each specific strategy, this implementation document identifies a) an action plan, b) potential collaborators, c) costs, d) barriers, e) a brief implementation work plan, f) the need for ongoing or one time implementation effort, g) potential outcomes, and h) an evaluability assessment.

This document also identifies specific infrastructure development activities that will be necessary to success in achieving Goal 5 objectives. For example, implementation of the proposed strategies will require development of a website specific to binge drinking. This will be the primary vehicle to post and disseminate relevant binge drinking information to the field. Decisions about responsibility and method for these infrastructure requirements will be necessary.

Successful implementation of the strategies identified here will strengthen California's capacity to use evidence-based practice to reduce binge drinking by adolescents and young adults. The strategies will provide a clear definition of strategies, approaches and programs relevant to binge drinking, and establish clear criteria and procedures for verifying evidence-based status. These strategies will also facilitate information dissemination, training and technical assistance capability to strengthen use and quality of evidence-based practice relevant to binge drinking. Ultimately, this increase in capacity will help reduce binge drinking by young adults, and help prevent the substantial harm that California's young people experience because of binge drinking behaviors.

OBJECTIVE 5.1: **Develop and disseminate information concerning evidence-based practices for effective binge drinking interventions.**

STRATEGY 5.1.1: ***Define the principles of “evidence-based” prevention practices for binge drinking programs, approaches and strategies.***

ACTION PLAN: The first step in fulfilling objective 5.1 is to reach agreement on definitions of evidence-based programs, approaches and strategies. These definitions need to encompass proven principles that underlie programs (such as the demonstrated superiority of interactive service delivery over didactic approaches) as well as fully articulated programs. The clear identification of evidence-based programs, approaches and strategies will require further agreement on criteria for meeting the “evidence-based” threshold. This process will require review and modification of criteria posed for SAMHSA’s National Registry of Effective Programs and Practices (NREPP) as well as from other federal agencies that have established criteria for determining eligibility for “evidence-based” (e.g., US Department of Education, Department of Justice, Center for Disease Control). Recent reports from the National Institute on Alcohol Abuse and Alcoholism (on college drinking) and the Institute of Medicine of the National Academy of Sciences (underage drinking) will also inform this effort. While criteria for identifying evidence-based programs are readily available for review, there is less available work concerning the more generalizable principles that characterize strategies and approaches. This area will be an important focus of our work. There are no available criteria that focus specifically on effectiveness for binge drinking interventions.

COSTS: This work is within the current scope of ADP’s training and TA contractor. No additional allocation is necessary..

BARRIERS: No major foreseeable barriers, though some of this work will be ground breaking. It will be important to assign agency responsibility for scanning the literature (published and fugitive) and applying the criteria to identify and catalogue “new” evidence-based programs, approaches, strategies (see subsequent steps).

**IMPLEMENTATION
WORK PLAN:** 1. Utilize state TA SIG contractor to review potential criteria and make recommendations for criteria directly relevant to binge drinking interventions.
2. Identify a small group of researchers, practitioners, and agency representatives to collaborate in developing and reviewing the recommended criteria.
3. Submit to GPAC working committees for approval.

**ONGOING/
ONE TIME:** The development of criteria and a continuing review process is primarily a one-time effort, though it should be periodically reviewed and updated. The application of criteria and updating of evidence-based programs, approaches, and strategies, however, must be ongoing.

**ANTICIPATED
OUTCOME:** Developing a catalogue of services, approaches or strategies that meet the threshold of “evidence-base” will be beneficial to agencies and programs interested in adopting proven approaches to

reducing with binge drinking. This will be a fundamental improvement in capacity to use evidence-based practices specifically for binge drinking interventions.

EVALUABILITY:

Information on evidence-based programs will be placed on the Binge Drinking website. The use of the website and download of specific “evidence-based” approaches and materials can be monitored. Follow-up with agencies concerning use and results should be built into the on-going maintenance and improvement of this resource.

OBJECTIVE 5.1: Develop and disseminate information concerning evidence-based practices for effective binge drinking interventions.

STRATEGY 5.1.2: *Identify promising concepts, programs and practices (evidence-based) and disseminate them to the field through TA/training events.*

ACTION PLAN: As designated in the Strategic Plan, ADP will serve as lead state agency in developing and disseminating evidence-based approaches relevant to binge drinking. This is consistent with 1) ADP's role in promoting community-based binge drinking initiatives through the SIG grants, and 2) its existing capacity to deliver TA and Training services. The plan stipulates that ADP, through its SIG TA contractor, will assume primary responsibility for promoting and disseminating evidence-based programs, approaches, and strategies associated with reducing the prevalence and incidence of binge drinking. The task involves two major steps. First, materials must be identified or developed that are sufficiently clear and specific (see NREPP's "appropriateness criteria") to provide guidance to programs. Second, methods of dissemination (including training/TA and web-site distribution) must be developed and implemented.

POTENTIAL COLLABORATORS: All GPAC agencies will be partners in identifying potential dissemination materials. Several agencies (e.g., OTS, ABC, etc.) fund initiatives directly related to binge drinking and provide catchment for materials in different domains of prevention strategy. In addition, the California Alcohol Issues Partnership (CAIP) involves both the CSU and UC systems in campus-community partnerships for reducing the adverse consequences associated with dangerous drinking. Findings and results of various state initiatives can be one source of information for the web site.

COSTS: Again, the work of collating programs or approaches falls within the scope of work of ADP's current State TA contractor. .

BARRIERS: This strategy assumes demand for the materials and training/TA to be provided. This demand should be assessed, and appropriate promotion strategies should be developed

IMPLEMENTATION WORK PLAN:

Effective dissemination will require the following:

1. A clear and useful presentation of identified evidence-based programs, approaches and strategies. (see Strategy 5.1.1). This will require clear definition of the different categories of activity (e.g., program, approach, strategy – this terminology may need to be reworked).
2. Development of a website to house information. Ideally, over time, this site can provide key word search capability for application criteria (e.g., age, culture, gender, IOM category).
3. Design and implementation of procedures to identify evidence-based materials that meet appropriateness criteria on an ongoing basis.
4. Determination of a format for presenting evidence-based programs, approaches, strategies.
5. Maintenance of the site, including updates with new materials.

**ON-GOING/
ONE TIME:**

This will be an ongoing effort. Start up will require an intensive investment of resources, but ongoing maintenance will be essential.

**ANTICIPATED
OUTCOME:**

The potential outcomes are fundamental, including a) increased availability of evidence-based materials relevant to binge drinking; b) strengthened training and TA capacity relevant to binge-drinking; and c) increased adoption of evidence-based programs, approaches and strategies relevant to binge drinking.

EVALUABILITY:

- Access to the web site will be monitored.
- Periodic follow-up to users will be conducted to determine usefulness and degree of use of the information.

OBJECTIVE 5.1: Develop and disseminate information concerning evidence-based practices for effective binge drinking interventions.

STRATEGY 5.1.3: *Investigate current literature to identify effective practices and publish results. The steps and procedures identified in the prior discussion of Strategy 5.1.2 pertain to this strategy.*

ACTION PLAN: The effective maintenance of the materials identification, development and dissemination system developed in Strategy 5.1.2 will require a significant effort in continuing identification and review of materials in the published literature, internet materials and fugitive materials (e.g., reports, unpublished papers, conference presentations). Collaboration between agencies, and identification of primary responsibility for identification, review, collation and/or preparation of materials will be necessary to ensure maintenance of an up-to-date system.

POTENTIAL COLLABORATORS: The development of an efficient system of review for materials will work best if a collaboration of agencies is utilized. Agencies (education, criminal justice, health) can monitor materials in their particular domain and forward references to ADP for review and incorporation into the dissemination system.

COSTS: This strategy will require on-going resource allocation. A collaborative effort will be important to avoid the need for significant reallocation or the need for new resources.

BARRIERS: The development of an efficient collaborative process will face significant barriers in attaining consensus and commitment and in maintaining a continuing effort. The alternative will be to make this an additional task for ADP's Training/TA contractor. This would require some reallocation of resources within this contract.

IMPLEMENTATION

WORK PLAN:

1. Develop a cross-agency work group to explore the possibility of developing a "feeder" system for literature review.
2. Development plans for a feasible, on-going review process.
3. Implement the agreed-on procedure.

**ON-GOING/
ONE TIME:** This will be an essential, on-going effort.

ANTICIPATED OUTCOME: The anticipated outcome of this strategy will be an on-going, state of the art dissemination process for evidence-based materials relevant to reducing binge drinking. This strategy is essential to the continued relevance of the dissemination system.

EVALUABILITY: The monitoring activities described in strategy 5.5.2 will apply to these up-dating activities.

OBJECTIVE 5.1: Develop and disseminate information concerning evidence-based practices for effective binge drinking interventions.

STRATEGY 5.1.4: *Identify effective programs and community actions and provide the sponsors with TA to assist them in application procedures necessary to being “approved” as promising or model programs/practices by GPAC related state/federal sources (e.g., NIAAA, OJJDP, CDE, USED, and CSAP).*

ACTION PLAN: Interest in attaining evidence-based recognition has assumed greater importance in the prevention field and many providers with promising programs would like to apply for membership in one of the recognized lists. This is of particular interest with respect to binge drinking because few approaches used to curb binge drinking practices are currently recognized as meeting evidence-based criteria. Technical assistance and training program will be developed through ADP’s TA contractor to provide guidance to programs seeking to gain evidence-based status for their binge drinking interventions. This TA and training will be made available to all agencies funding programs specifically targeting binge drinking behaviors.

POTENTIAL COLLABORATORS: ADP, through use of its SIG Binge Drinking TA contractors, will assume primary responsibility for developing a TA/Training program on meeting evidenced-based criteria. This will include the development of written materials, as well as the preparation of a training program.

COSTS: No new funding required. ADP’s SIG contractor on Binge Drinking will be responsible for these two products and TA assistance.

BARRIERS: One potential barrier is the need for candidate programs to implement a rigorous evaluation of their effort. This can be costly and, unless costs are built into their operational budget, they may not have the funding necessary to implement an appropriate research design.

IMPLEMENTATION WORK PLAN:

1. ADP SIG contractor develops written guidelines on achieving evidence-based status.
2. ADP SIG contractor develops a training program to assist programs (agencies) interested in achieving evidence-based status.
3. The TA guidelines and training programs are shared with GPAC agencies.
4. Currently funded programs implementing binge drinking intervention services are provided information on TA/training resources on how to document results to meet evidence-based threshold.
5. TA/trainings are provided on request.

ONGOING/ ONE TIME: This will be an ongoing effort.

ANTICIPATED OUTCOME: One potentially significant outcome will be the recognition of more programs, approaches, and strategies achieving evidence-based status for dealing with binge drinking consumptions patterns.

EVALUABILITY: Document numbers trained and number of strategies and approaches undergoing review and meeting criteria for evidence-based status.

OBJECTIVE 5.2: Identify and disseminate information concerning funding/resources for evidence-based practice.

STRATEGY 5.2.1: *Identify funding sources to support evidence-based practices.*

ACTION PLAN:	The California Binge Drinking website will have a space dedicated to potential funding initiatives and sources. GPAC state agencies considering the release of grants/contracts in this area could use the site as one additional source of funding information to the field. Non-profit agencies that potentially could support binge drinking services will be identified as well.
POTENTIAL COLLABORATORS:	All GPAC state agencies can assist in the identification of upcoming federal or state funding initiatives specific to binge drinking.
COSTS:	This is a low-cost effort. It will be part of the state web site developed by ADP's TA/training contractor and housed at ADP.
BARRIERS:	There are no barriers. However, it is likely that this part of the website will contain limited information, if past funding potentials are any indication.
IMPLEMENTATION WORK PLAN:	<ol style="list-style-type: none">1. Identify procedures to scan on an ongoing basis the availability of funding for binge drinking interventions.2. Compile list of current funding initiatives supporting binge drinking interventions.3. Maintain list.
ONGOING/ ONE TIME:	Ongoing
POTENTIAL OUTCOMES:	More funded programs addressing binge drinking consumption patterns, although this is dependent on the availability of funding.
EVALUABILITY:	Track "hits" on website, track usefulness of information, and track success of getting more programs involved.

OBJECTIVE 5.2: Identify and disseminate information concerning funding/resources for evidence-based practice.

STRATEGY 5.2.2: *Identify ways to make evidence-based programs more affordable and accessible to community-based providers.*

ACTION PLAN:	ADP's SIG TA and training contractor could provide training and TA support in principals of evidence-based programming and application. . This approach has many potential advantages, including the adoption and adaption of many approved program packages (e.g., curricula, guide books, training packages) developed by federally- and foundation-supported entities such as the Pacific Institute for Research and Evaluation (through its Prevention Resource Center and Underage Drinking Enforcement Training Center), Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, and American Medical Association' (Reducing Underage Drinking and A Matter of Degree). These entities produce resources that are designed specifically to reduce dangerous and illegal drinking among adolescents and young adults. A new NIAAA Center, at Boston University's School of Public Health, will focus on underage drinking prevention. ADP can broker information resources from these entities so local providers can adapt programs to effectively address binge drinking through evidence-based practice.
POTENTIAL COLLABORATORS:	GPAC agencies who have funded the development and/or implementation of successful binge drinking programs, approaches or strategies will share this information with ADP.
COSTS:	No additional costs required. The delivery of TA/training can be provided through ADP SIG contractor. Currently, no funds exist to <u>purchase</u> curriculums for the field, but as noted above this may not be a serious issue.
BARRIERS:	Adopting and adapting information resources from other locales can present challenges in translation and replication.
IMPLEMENTATION WORK PLAN:	<ol style="list-style-type: none">1. Identify effective principles of binge drinking programs, approaches and practices (ADP-SIG contractors working with P.R.C. and other research groups).2. Prepare written materials identifying effective principles and practices, as well as programs that can be adopted by programs at little or no costs to the "developers."3. Disseminate information on the binge drinking website, and through training and TA as appropriate.
ONGOING/ ONE TIME:	This will be an ongoing effort.
POTENTIAL OUTCOMES:	One potential outcome will be the increase of programs adopting effective programs, approaches or strategies.
EVALUABILITY:	Document number of new services and/or service providers using effective binge drinking practices. They could be tracked through the website or by the TA contractor.

OBJECTIVE 5.2: Identify and disseminate information concerning funding/resources for evidence-based practice.

STRATEGY 5.2.3: *Identify resources within agencies that can help identify resource support for adoption and implementation of evidence-based practices.*

ACTION PLAN:	GPAC members can collaborate in reviewing internal and external resource streams, identifying those that can support adoption of evidence-based practices for reducing binge drinking, and disseminating updated information on these opportunities. This can be coordinated by ADP's SIG binge drinking TA/training contractor.
POTENTIAL COLLABORATORS:	The GPAC agencies.
COSTS:	This low level effort requires no direct funding but will require some staff time. Potential costs, however, could accrue if agencies decide to provide funding support for specific binge drinking interventions.
BARRIERS:	There are no anticipated barriers.
IMPLEMENTATION WORK PLAN:	<ol style="list-style-type: none">1. ADP develops and distributes a protocol to guide internal agency review of resources.2. Each GPAC agency conducts an internal review of potential resources to support binge drinking interventions.3. Information is compiled by SIG contractor.4. Information is shared to the field via the website.
ONGOING/ ONE TIME:	This should be an ongoing process.
POTENTIAL OUTCOMES:	Agencies potentially will identify new funding/resources to assist the field.
EVALUABILITY:	Track identification and allocation of GPAC agency resources to the field.

OBJECTIVE 5.3: Strengthen capacity to collect and analyze information concerning binge drinking and intervention effectiveness in California.

STRATEGY 5.3.1: *To the extent feasible, standardize collection of data relevant to binge drinking in schools.*

ACTION PLAN: Currently, the State collects information on adolescent drinking behaviors through multiple surveys, some aimed at middle and high schools, and others at the collegiate level. Comparable data items (same constructs, measures, periods, formats, etc.) would greatly facilitate data collection and analysis of binge drinking behaviors. Two student surveys, the Biennial State Student Survey and the California Healthy Kid Survey, document annual levels of adolescent binge drinking behaviors. While several instruments are used at the collegiate level, it makes sense to synthesize these into a common reporting format for the biennial campus review mandated of all institutions of higher education by the Drug-free Schools and Communities Act (DFSCA).. This could be done through a collaborative process involving the research community and institutions of higher learning, similar to the CSU systemwide assessment of environments, policies, and practices, as well as self-reported behaviors and attitudes conducted by the Higher Education Center in 2002 - 2003¹.

POTENTIAL COLLABORATORS: There are a number of potential collaborations for this effort. They include:

- Prevention Research Center
- U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention
- State agencies that have committed to the California Alcohol Issues Partnership (CAIP)
- Representatives from the UC, CSU, community colleges, and independent colleges
- CDE & AG office regarding student survey

COSTS: There are some costs associated with convening a work group. Institutions of Higher Education are conducting biennial reviews to demonstrate compliance with the DFSCA already. Aggregation and analysis of that data represents an additional expense (offset in 2002 - 003 by a grant from the California Department of Alcoholic Beverage Control). Alternatively, administration and analysis costs would need to be assumed by a single agency or group of agencies. CDE maintains a contract with WestEd for the Healthy Kid Surveys. There may be a need to augment funds to create an annual report on adolescent binge drinking. Similarly, a special report on adolescent binge drinking using CSS biennial data could be commissioned.

BARRIERS: Other than participation in the work group and potential costs of some alternatives, there are no real barriers to this strategy. As demonstrated in the 2002 - 2003 CSU system wide assessment, aggregation and reporting of data from individual campuses can

¹ www.silvergategroup.com/caip/

take place without undue prejudicial implication that would tarnish campus reputation.

**IMPLEMENTATION
WORK PLAN:**

There are two work plans for this strategy. One for standardizing data collection on binge drinking at the collegiate level, the other for establishing a process for annual reports on adolescent binge drinking as derived from CHKS and CSS (biennially).

A. Standardizing data collection for California institutions of higher learning involves the following steps:

1. Identify a lead agency (or consortium).
2. Identify work group participants (e.g., agency level researchers and academics).
3. Convene meeting to review options for a standardized data collection process (measure, frequency of administration, sampling plan, responsible agency, etc.).
4. Design instrument.
5. Pilot test.
6. Implement.

B. Implement plan to produce annual/biennial state report on adolescent binge drinking.

1. Develop scope-of-work to conduct this analysis with WestEd (or consider alternative analysis plan – Departmental, outside vendor).
2. Implement plan.

**ONGOING/
ONE TIME:**

This should be an ongoing effort conducted biennially at California institutions based on a sampling plan inclusive of the various systems.

**POTENTIAL
OUTCOMES:**

Tracking trends in adolescent and young adult dangerous and illegal drinking consumption patterns and related behaviors is central to determining the net effectiveness of binge drinking countermeasures.

EVALUABILITY:

Track progress in implementing the collegiate level planning process and annual reports.

OBJECTIVE 5.3: Strengthen capacity to collect and analyze information concerning binge drinking and intervention effectiveness in California.

STRATEGY 5.3.2: *Identify agency of GPAC who will be responsible for creating/maintaining a statewide database (e.g., ABC, ADP, CDE)*

ACTION PLAN:	A GPAC agency should assume primary responsibility for developing and maintaining a comprehensive database that is the repository for standardized information on binge drinking. The two potential agencies are: CDE, given its permanent role in collecting and reporting on adolescent binge drinking consumption patterns, and ADP, because of its oversight responsibilities with the SIG binge drinking grantees and its responsibility for maintaining AOD county level indicators on its web site. Given ADP's prominence in supporting binge drinking initiatives and familiarity with managing and maintaining AOD indicators data, it makes sense to assign primary responsibility to ADP for maintaining the binge drinking data set.
POTENTIAL COLLABORATORS:	CDE and representatives from the California institutions for higher education.
COSTS:	This will involve minimal costs and no new monies. It will require a collaborative partnership with CDE and California institutions of higher education to obtain data on adolescent and collegiate binge drinking.
BARRIERS:	None foreseen.
IMPLEMENTATION:	<ol style="list-style-type: none">1. Determine method to share binge drinking data results (CDE, CSU, UC and others) with ADP.2. Make plans to post information to the State binge drinking website.3. Update as necessary
ONGOING/ ONE TIME:	This will be ongoing.
ANTICIPATED OUTCOME:	Broad base indicators on binge drinking consumption patterns among the adolescent and young adult population will be central in determining the net effect of the intervention efforts, and in guiding responses to changing need.
EVALUABILITY:	Document the creation of the database and monitor its use.

OBJECTIVE 5.3: Strengthen capacity to collect and analyze information concerning binge drinking and intervention effectiveness in California.

STRATEGY 5.3.3: *Provide stakeholder access to database.*

ACTION PLAN:	<p>A GPAC agency should assume responsibility for creating and maintaining a website that includes accessible and downloadable indicator data (discussed above), as well as reports and narrative materials relevant to binge drinking. ADP is the logical place holder for this website for all the reasons stated in this goal area. However, information about the web site needs to be disseminated widely to potential stakeholders and interested parties. This strategy involves the development of an outreach plan to inform communities about the website and available resources.</p>
POTENTIAL COLLABORATORS:	<p>All GPAC members should participate. Minimally, a notification and link on their web sites should be develop to direct the public to the ADP binge drinking web site data and resources. This Web site might also function as a portal to such related links as:</p> <ul style="list-style-type: none">• camy.org/• www.alcoholfreechildren.org/• www.alcoholpolicysolutions.net• www.c3rbs.org• www.cdc.gov/alcohol/• www.collegedrinkinglevention.gov/• www.edc.org/hec/• www.epi.umn.edu/enacted/• www.health.org/features/youth/• www.marininstitute.org/• www.niaaa.nih.gov/about/underage.htm• www.silvergategroup.com/caip/• www.udetc.org/• www2.edc.org/cchs/
COSTS:	<p>There are initial costs associated with developing a website and an appropriate data base display. This can, in part, be managed through broadening the links on agency and local sites as one resource to the field.</p>
BARRIERS:	<p>None foreseen.</p>
IMPLEMENTATION WORK PLAN:	<p>The implementation is based on the assumption that a viable binge drinking website is in place. Given that, the following steps should be taken.</p> <ol style="list-style-type: none">1. Develop data displays and explanations for website.2. GPAC agencies develop links on their web page to ADP's binge drinking web page.3. ADP TA/training contractors do broadcast e-mails to their client lists informing them of this service.4. County Administrators are made aware of the website references and are assisted in developing links on their websites to direct concerned citizens, community groups and agencies to ADP's website.

**ONGOING/
ONE TIME:**

Ongoing.

**POTENTIAL
OUTCOME:**

Increased awareness of trends in binge drinking; improved targeting of need; increased adoption of appropriate interventions.

EVALUABILITY:

Counts of "hits" to the new website will be maintained. Periodically, usefulness satisfaction surveys can electronically be sent to the field.